

Subject : Reimbursement of Spectacles/contact lenses/Dark Glasses goggles for retired/separated employees

Reference CHRM Circular No. 01/2025 dated 02.01.2025.

A Provisional arrangement has been made in the system for **reimbursement of Spectacles/contact lenses/Dark Glasses goggles only for retired/separated employees** till the development of reimbursement form in the Retired Employee's Portal.

The retired officials are required to fill the form given as “**Annexure-I**” and should attach the Original prescription of the Doctor and Bill / Invoice / Receipt and copy of the medical card in support of the reimbursement.

They are required to submit the form alongwith the above mentioned documents to the Finance Department for approval and payment action.

The payment will be done by the Finance Department after thorough checking of the form and the documents attached by the retired employee regarding the reimbursement.

In this connection, SOP has already been circulated to all SAP HR and Finance users for making entries regarding reimbursement of Spectacles /contact lenses / Dark glasses goggles for retired/separated employees and for making payment accordingly.

Regards,
SAP HR CTM, Chq.

AIRPORTS AUTHORITY OF INDIA

Form for Reimbursement towards purchase of Spectacles / Contact Lenses / Dark Glasses Goggles for Retired employees

Ex-Employee No.		Ex-Employee Name	
Ex-Place of Posting		Ex-Designation	

Block Period : From 01.04.2024 to 31.03.2026

Name of Doctor _____

Address of the Doctor _____

Sl. No.	Name of Family Member / Self	Relation	Item	Qty.	Expenditure Incurred	Bill No.	Bill Date
TOTAL EXPENDITURE DONE							
AMOUNT TO BE PAID							

Undertaking

- The particulars given above are true to the best of my knowledge and belief.
- The persons for whom the above reimbursement is claimed is/are wholly dependent on me

Signature of the AAI Retired Official/
Spouse/Admissible Dependent

Name _____

Date : _____

Place : _____

Note : Kindly attach **Original prescription of the Doctor and Bill / Invoice / Receipt and copy of the medical card** in support of the above mentioned expenditure.