



HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA
16 MILE SHIMLA-MANDI NATIONAL HIGHWAY
GHANDAL DISTRICT SHIMLA, HIMACHAL PRADESH-171014
Ph. 0177-2779802, 0177-2779803, Fax-0177-2779802
Website: <https://hpnlul.ac.in>

No. 45-2/23-HPNLU(MRB)/Estt. 303

Dated: 02-03-2026

NOTIFICATION

As per the Rule 2.2. of Medical Claim Reimbursement Policy of the Himachal Pradesh National stated that “*Any person including the employee covered under any medical insurance sponsored by state or central government shall not be entitled to medical reimbursement under this policy.*”

In view of the above, the **Undertaking/Self-Declaration** has been approved by the Hon`ble Authority. All concerned are required to submit the said Undertaking/Self-Declaration as enclosed with this notification.

Encls:

1. Undertaking/Self-Declaration.


Registrar
HPNLU, Shimla

Copy to:

1. OSD to Hon`ble Vice-Chancellor, HPNLU, Shimla.
2. Finance Officer, HPNLU, Shimla.
3. Dean Academic Affaris' HPNLU, Shimla.
4. IT Section, HPNLU, Shimla.
5. All Teaching and Non-Teaching Staff, HPNLU, Shimla.
6. Guard File.



HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA
16 MILE SHIMLA-MANDI NATIONAL HIGHWAY
GHANDAL DISTRICT SHIMLA, HIMACHAL PRADESH-171014
Ph. 0177-2779802, 0177-2779803, Fax-0177-2779802
Website: <https://hpnlu.ac.in>

UNDERTAKING / SELF-DECLARATION

I, _____
Designation: _____

Resident of: _____
(Full address)

do hereby solemnly declare and undertake as follows:

1. That I am a regular employee of _____ (Name of University).
2. That I have read and understood the terms and conditions of the University's **Medical Reimbursement Policy**.
3. That I (and my dependents listed in my service records) **am/are not covered** under any medical insurance or medical benefit scheme sponsored by the **Central Government or any State Government**, including but not limited to any Government health schemes such as the **Central Government Health Scheme (CGHS), Employees' State Insurance (ESI)**, or any equivalent or similar government-sponsored medical insurance or health coverage.
4. That in the event I (or any of my dependents) **become entitled to, covered under, or start availing medical insurance or benefits under any State Government or Central Government health insurance or medical benefit scheme**, I will immediately inform the University **and understand that I shall not be eligible to claim medical reimbursement under the University's Medical Reimbursement Policy** for any medical expenses incurred after the commencement of such government coverage.
5. I further undertake that any claim made by me under the University's Medical Reimbursement Policy in violation of this declaration shall be considered **ineligible**, and I shall **refund / repay any amount disbursed to me** in excess or in violation of this undertaking, as per University rules.
6. I affirm that this declaration is given to comply with the administrative requirements of the University and that any false or misleading information may attract disciplinary action under applicable service rules.

Place: _____

Date: _____

(Signature of Employee)

Name: _____