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| **CAISSE NATIONALE DE PREVOYANCE SOCIALE**  **(C.Na.P.S)**  **AMPEFILOHA – ANTANANARIVO**  **BP : 233**  **Site web : www.cnaps.mg** | **FANGATAHANA FANONERANA NY VOLA LANY TAMIN’NY FITERAHANA**  **DEMANDE DE REMBOURSEMENT DES FRAIS MEDICAUX D’ACCOUCHEMENT**  **SUIVANT L’ARTICLE 77 DU CODE DE TRAVAIL MALAGASY** | | | | | | | | | | | | | | | | | | | | | |
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| **FANAMARINAN’NY MPAMPIASA – ATTESTATION DE L’EMPLOYEUR** | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | MATRICULE EMPLOYEUR | | | | | | | | | | | | | | | |  | |
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| ANARAN’ILAY MPAMPIASA ADIRESY  Nom de l’Employeur\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adresse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIA MANAMARINA FA DIA MIASA ETO AMIKO NANOMBOKA TAMIN’NY  Certifie que Mme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_est employé(e) à mon service depuis le \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_  ARY NY ASANY DIA NAHATRATRA ORA, NY FOTOANA NIASANY NANDRITRA NY VOLANA  En qualité de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il (elle) a accompli \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ heures de travail pendant le mois de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SONIA SY FITOMBOKA DATY  (Signature et cachet) Date \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NY MIKASIKA ILAY MPANGATAKA – IDENTIFICATION DE LA REQUERANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anarana  Nom : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  | | Fanampin’anarana  Prénoms : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  | | Teraka tamin’ny  Né(e) le : | tao  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ à\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Zanak’i  Fils ou fille de : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sy  Et de : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adiresy fonenan’ilay mpiasa  Adresse du domicile du travailleur : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anaran’ny vadinao  Nom et prénoms du conjoint : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | | |  | | |
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| Sonia na tondro-tananan’ilay Mpangataka  Signature ou empreintes digitales de la Requérante | | | | | | | | | | | | | | | | | | | |

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| **TOERANA NAHATERAHANA – LIEU D’ACCOUCHEMENT** | |  |  | | | | | | | | | | | | | | | | | |
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| **AO AN-TOKANTRANO**  **\_\_A DOMICILE\_\_** | **ANY AMIN’NY TRANO FITERAHANA**  **\_\_DANS UN CENTRE MEDICAL\_\_** |  | | |  | |  | |  | |  | |  | |
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| Anaran’ny Dokotera na ny Mpampivelona  Nom du Médecin ou de la Sage-femme :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Trano fampiterahana  Centre d’accouchement : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | |
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| DATE DE NAISSANCE DE L’ENFANT | | | | | | | | | | | | | | | | | |
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| Daty niterahana  Date de l’accouchement : \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Daty niterahana  Date de l’accouchement : \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  | | |  | |  | |  | |  | |  | |  | | |
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| Totalim-bola lany tamin’ny fiterahana  Montant de frais d’accouchement (1): Ar. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Daty nialana  Date de Sortie : \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | |
|  | | | MONTANT F.A | | | | | | | | | | | | |  | |
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| (1)Ampiaraho amin’ity Fangatahana ity ny taratasy fanamarinana ny vola lany tamin’ny fiterahana  Joindre à la présente demande les pièces justificatives des frais médicaux d’accouchement | Totalim-bola lany tamin’ny fiterahana  Montant des frais d’accouchement(1) : Ar.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | |  | |  | |  | |  | |  | |  | | |  |
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| Sonia Fitomboky ny trano fiterahana na ny Dokotera  (Signature) na ny Mpampivelona  (Cachet du Centre Médical, du Médecin ou de la Sage-femme)  Lazaina fa marina tsy misy fitaka  Certifié Sincère et Exact    A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, le \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | | | | | | | | | | |  | | |
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