SHAHEED BHAGAT SINGH COLLEGE

(UNIVERSITY OF DELHI) SHEIKH SARAI (TRIVENI), PHASE - II, NEW DELHI - 110 017

Form of application for claiming reimbursement of medical expenses incurred in connection with medical attendance/Hospitalisation/OPD treatment of college employees and their dependants.

	N.B. : SEPARATE FORM SHOULD BE USED FOR EACH PATIENT					
1.	Name and Designation of the employee					
	(IN BLO	CK LETTERS)				
	(i) Whether married or unmarried		approved of the Chief Adminishash to Medical Officer of the state was obtained.			
	(ii) If married, the place where wife /					
	husband of the employee is employed (where applicable)					
2.	Where e	mployed :	Shaheed Bhagat Singh College, Triveni , New Delh			
3.		he College employee and analysis of Pay)				
4.	Place of	duty:	Triveni, Sheikh Sarai, Phase - II, New Delhi - 11001			
5.	Actual residential address educations against address education and address education address education addres					
6.	Name of the patient and his/her relationship to the College Employee: (In the case of children state age also)					
7.	Place at which the patient fell ill					
8.	DETAILS OF AMOUNT CLAIMED:					
		pa species and to enulsancie (It'w)	trensi			
9.	MEDICA	L ATTENDANT:				
	(i)	Fees for consultation, including	1. Amound does not exceed to Rs. 50th during this financial year.			
	(a)	the name, qualification and des consulted and the hospital or	ignation of the medical officer			
	(b)	the number and dates of cons consultation:	ultations and the fee paid for each			
	(c)	the number and dates of inject	ions and the fee paid for each injection:			
	(d)	Whether consultations and / o hospital, at the consulting root at the residence of the patient.	m of the medical officer or			
	(ii)	Charges for pathological, bact	eriological, radiological or ;			

(iii) Cost of the medicines purchased from market. (list of medicines, cash memos and the essential certificate should be attached)

other similar tests undertaken during diagnosis indicating:

(a) the name of the hospital or laboratory where undertaken, and

authorised medical attendant. If so a certificate to that effect

(b) Whether the tests were undertaken on the advice of the

should be attached.

1 2 3	. Amo . 5% e verifi . All th dest	unt does not exceed to Rs. 500/- during this financial year. Impties of the used medicines as wrappers, vials bottles are enclosed action and destruction e empties, as wrappers, vials bottles are enclosed for verification and uction, as the amount has exceeded Rs.1000/- during the financy of this Medical Bill is made at Page No	sed for d cial year based season and seaso	
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CER	. Amo	D THAT: unt does not exceed to Rs. 500/- during this financial year.	MELACURE ACTEMICATION INCIDENT IN INCIDENT INCIDENT INCIDENT INCIDENT INCIDENT IN INCIDENT INCIDENT IN INCIDENT IN INCIDENT INCIDENT INCIDENT IN INCIDENT INCID	
CER		D THAT:	TRACKETTA JACACIM	
			THAUMSTEA LANGINGT	
1.25 (8)	l:	(v	vith signature of the college employee)	
		N 1 - F 1 -	(PRE-RECEIPTED)	
nave	unue	Staria tile fales regarding rombalosment of medical experience	Place at which the passent fell III	
I herel belief incom	by decard the	to be signed by the College employee. clare that the information and facts given in this application are true to at person for whom medical expenses were incurred is wholly depenses than Rs. 9000+D.R restand the rules regarding reimbursement of medical expenditure.	the best of my knowledge and added and added and added and added and and his/her	
	(c)	Certified A/B:	Place of duty:	,š
	(b)	Receipt:		
	(a)	Prescription:		
2.	ueid.	List of enclosures :	beyclame steriN	
1.		Total amount claimed :		
		If so, a certified to that effect should be attached.		
		approval of the Chief Administrative Medical Officer or the state was obtained.		
	(d)	Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior		
	(c)	Whether consultation was had at the hospital or at the consulting room of the specialist or medical officer or at the residence of the patient.	M.B., SEPARATE Marks and Designation of the employ	
		each consultation.		
3/5	(b)	to the state of th		

CONCULTATION WITH SPECIALIST

authorised medical attendant indicating:

Fee paid to a specialist or a Medical Officer other than the

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