



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of Education, Govt. of India

Medical Reimbursement Form

(To be typewritten) *

Name of the employee		Designation	
Department		PF No.	Pay band Level
Patient's Name		Relationship	
Period of illness	From	To	Treated by Dr./Hospital
<i>Ward Entitlement</i>			
Sr. No.	Pay Drawn in pay band	Ward Entitlement	Tariff per day Rs.
1	Upto Rs. 47,600/-	General	1,000/-
2	Between Rs.47,601 to 63,100/-	Semi- Private	2,000/-
3	Rs. 63,101/- and above	Private	3,000/-
4	Same for all categories	Day Care (6 to 8 hrs)	500/-
S. No.	Name of the Medicine /Testing/Consultancy charges or others (specify)	Cash Memo Details	For office use
		Bill No Date Amount (Rs.)	Applicable Tariff (As per CGHS guidelines) in Rs. Remarks/ CGHS Codes
1			
2			
3			
Total Rs.			

* Hand written application will not be admissible.

I hereby declare that the claims in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me. The services were availed of at the Approved/Empanelled Hospital/ Consultant's clinic. My spouse is (a) not employed () (b) is a Central / State Govt. Servant() and that she/he shall not claim this particular bill for medical reimbursement from any other source.

Date:

Signature of the Claimant

For use of Registrar Office/Admin:

Certified and recommended for reimbursement of Rs..... as per the Institute rules.

Prepared by		
Nurse	HOD, Health Centre Up to Rs.10,000/-	Chairperson (Institute medical committee) Above Rs.10,000/-

Passed for Rs. :	(Rs. in words)			
Prepared by	Checked by	Approved as per rules		
Assistant	Jr. Supdt.	D.R (F&A) Up to Rs.15,000/-	Registrar/Dy. Director Up to Rs.1 lakh	Director Above Rs.1 lakh