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

*Ward Entitlement*

| 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<br>Up to Rs.10,000/- | Chairperson<br>*(Institute medical committee)*<br>Above Rs.10,000/- |

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