

C. Cost of Medicines purchased from market

Name of the medicine	Invoice no.	Date	Amount in Rs.
Sub Total			

D. Any other charges

Details (please specify)	Invoice no.	Date	Amount in Rs.
Sub Total			

Total Amount Claimed (A+B+C+D) in Rs.	
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Total numbers of Money receipts / invoices enclosed (All money receipt needs to be certified by the employee)	
Total numbers of other enclosures (Please certify)	

The information furnished above are complete and correct and that the person for whom medical expenses were incurred is wholly dependent upon me. Further, I certify that for the above claims has not been / will not be made to any other source (including employer of my spouse). I am aware that if at any stage the information / documents furnished above is/are found to be false, I shall be liable for disciplinary action. I also authorize institute to make the payment directly to my account.

Place: _____

Date : _____

Signature of the employee**FOR OFFICE USE ONLY (ADMN.)**

The dependency has been verified from the office record and found to be correct.

Dealing Official**Signature of CAO**

FOR OFFICE USE ONLY (ACCOUNTS)

The admissible amount of reimbursement as per Institute rules is as follows:

Details	Amount Claimed in Rs.	Admissible Amount in Rs.	Admissible Amount as per institute rules in Rs.
A. Consultation (s) fee(s)			
B. Test (s) charges			
C. Medicine Charges			
D. Other Charges			
E. Other Charges			
F. Other Charges			
Net Amount (in Rs.)			

In Word (Rupees.....only)

Claim checked and found to be in order. May be passed for payment of Rs./-

Scrutinized by

Accounts Officer

CFA

Vetted by

Institute Medical Officer

For approval please

Director / Registrar