ANNEXURE - C

MEDICAL REIMBURSEMENT CLAIM FORM FOR OUTDOOR TREATMENT

1. Name of Employee: 2. Designation:
3. Reg. No.:
4. Salary (Basic Pay + DA)/Pension (as on 01-04--------):
5. Place of Duty: 6. Name of Patient:
7. Relationship with Employee: 8. Age:
9. Reimbursement claimed under:
   (Tick relevant box)
   - Treatment from RMP (as per Para 2.1.0) ☐
   - Treatment from P&T Dispensary (as per Para 2.1.2) ☐
10. Nature of illness:
11. Name of Doctor/Hospital:
12. Details of claim:
    (attach prescription, vouchers, etc. in duplicate)

Voucher No.
Amount

- Consultation:
- Diagnostics/Tests:
- Medicines:
- Appliances:
- Special treatment (e.g. Physiotherapy, Yoga etc.):
- Others:

Total:

(Rupees ---)

Declaration:

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for which medical expenses are incurred is wholly dependent on me.

(Signature of Employee)