

INDIAN INSTITUTE OF SCIENCE, BANGALORE

C. Bill No.

CONSOLIDATED CLAIM FORM FOR MEDICAL REIMBURSEMENT FOR THE MONTH OF 200

(To be submitted by the employees / pensioners between 1st and 15th of every month)

| 1 | Name of the employee / Pensioner | Employee / Pensioner Code | | | | | | | | | | | | | | | | | | |
|---------|----------------------------------|--|-----------------------|---------------------|----|--------------------|------|-------|-------|------|---------------------|-------|-------|--|--|--|--|--|--|--|
| 2 | Designation (Incase of employee) | Dept. (Incase of employee) | | | | | | | | | | | | | | | | | | |
| 3 | Bank A/c No. | Name of the Bank | | | | | | | | | | | | | | | | | | |
| Sl. No. | Name of the Patient | Relationship to the employee / Pensioner | CMO/ MO/AMO consulted | Period of treatment | | Amount claimed Rs. | | | | | Amount Admitted Rs. | | | | | | | | | |
| | | | | From | To | Med. | Lab. | Cons. | Total | Med. | Lab. | Cons. | Total | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| | | Grand Total | | | | | | | | | | | | | | | | | | |

It is certified that individual that claims indicated above have been certified by the CMO / MO/AMO concerned and the relevant prescriptions, Cash Memos for purchase of Medicines and Referral & Receipts for Lab Test, etc., have been enclosed.

For Office use

Signature of the Employee/ Pensioner

Passed for Rs. (Rupees) (only)

Case Worker

Supervisor / Supdt.

MEDICAL OFFICER