

C. Bill No.

INDIAN INSTITUTE OF SCIENCE, BANGALORE

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)

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