

INDIAN INSTITUTE OF SCIENCE, BANGALORE

CONSOLIDATED CLAIM FORM FOR MEDICAL REIMBURSEMENT

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

1 Name of the Employee/ Pensioner		5 Employee / Pensioner Code	
2 Designation (Incase of employee)		6 Dept. (incase of Employee)	
3 Bank A/c No.		7 Name of the Bank	
4 Mobile No. Employee / Pensioner			

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.	Totai	For Office use			
										Med.	Lab.	Cons.	Total
1									0.00				
2									0.00				
3									0.00				
4									0.00				
5									0.00				
6									0.00				
7									0.00				
Grand Total						0.00	0.00	0.00	0.00				

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 the purchase of Medicines and Referrals & Receipts for Lab Test, etc., have been enclosed.

Signature of the Employee/ Pensioner

For Office use

Passed for Rs..... (Rupees..... only)

Case Worker

Supervisor / Supdt.

MEDICAL OFFICER