MAHARAJA AGRASEN COLLEGE
VASUNDHARA ENCLAVE, DEIHI-II009
FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES OF

1.	Name and Designation of the Employee (in BLOCK LETTERS)	Dr /Mr /Ms: Designation:_________________Grade Pay `_________		
2.	Residential Address			
3.	Marital Status	If married and wife/husband is Employed then give the following:		
		Grade Pay `_________	Name and Address of the Employer: ___________________	
4.	Name of the patient & Date of Birth	His/her relationship to the Employee.	Place at which the patient fell ill	

EMPLOYEES OF THE COLLEGE AND THEIR FAMILIES (Separate form should be used for each patient)

Details of the amount claimed. **I. Medical Attendance**

1.	The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached	
2.	The number and dates of consultation and the fee paid for each consultation.	
3.	Fees for consultation(s) @ ___________ per consultation	
4.	Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating	
5.	Cost of medicines purchased (Total in Rs.)	

Details of Medicine and Prescription/Consultation

Prescription No and date	Medicine purchased against the prescription No (Non-inclusion of Cosmetics)	Bill No	Date of purchase	Batch Number of Medicines	Cost of Medicines

Cosmetics are not included in the bill of medicine claimed above.

Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis.

Prescription No and date	Name of Tests	Bill No	Date of Test		Cost of Medicines

Grand Total Rs.

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statement in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me. I further firmly declare that I will be held responsible if I make any claim of amount of Medicine/confinement/ Charges for pathological, bacteriological, radiological, or other similar tests undertaken beyond the provisions of CGHS/Delhi University rules.

Signature of the Employee

Dated.................

List of enclosures: 1. Certificate of medical officer 2. No. of cash bills.......... 3. Essentiality certificate