

WEST BENGAL ELECTRONICS INDUSTRY DEVELOPMENT CORPORATION LTD
APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES

1. Name (In Block letters) : _____
2. Designation : _____
3. Pay as on 31st March : _____
4. Name of the Patient(s) : _____
5. Relationship with the patient(s) : _____
6. Details of Expenses : As per the Receipts, Cash Memos enclosed and Prescriptions attached herewith and/or submitted earlier

	DESCRIPTION	AMOUNT (Rs.)	REMARKS
(a)	Fees paid to the registered Medical practitioner(s) :		
(b)	Cost of Medicines, denture, etc. :		
(c)	Fees paid to Pathological Bacteriological or other clinical Examination :		
(d)	Charges for treatment in a Hospital or Nursing Home :		
(e)	Medical Insurance Premium paid to Recognized Insurance authority :		
(f)	Medical Accessories :		
TOTAL: (In figures) :			

TOTAL: (In words) : Rupees.....

Date:

Signature of the claimant

FOR OFFICE USE ONLY

Checked and verified with reference to relevant prescriptions, receipts, cash memos, certificates etc. and the concerned Folio No....., A sum of Rs.....(Rupeesonly) is admissible for reimbursement.

Pay : Rs.

Less, Already paid on : Rs.

Balance : Rs.

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

Date:

Finance Manager / Department Incharge