

# REGIONAL CENTRE FOR BIOTECHNOLOGY

(NCR BSC, Faridabad-Gurgaon Expressway, Faridabad)

S.B .A/c No.....

Telephone No.....

## FORM OF APPLICATION FOR MEDICAL CLAIM

1. Name (in block letter s) : Dr./Sh./ Ms. ....
2. Designation : .....
3. Office in which employed : .....  
(RCB/Project)
4. Basic Pay : .....
5. Residential Address : .....
6. Name of the patients and his/her relationship with the Govt. Servant : .....
7. Place of Duty : .....
8. Nature of illness and its duration : .....
9. Details of the amount claimed : .....  
(Medical attendance)
  - (a) Name and designation of the Medical Officer constituted and the Hospital/ Dispensary to which attached : .....
  - (b) The number and dates of consultation and the fee paid for each consultation : .....
  - (c) Whether consultation/injection were had at the hospital or at the Consultation Room of the Medical Officer or at the residence of the patient : .....
  - (d) The number and date of injections and the fee paid for each injection including fees/charges paid for clinical tests : .....
  - (e) Cost of the medicines purchased from the market : Rs. ....9(a) to (e)
10. Total amount claimed
11. List of enclosures

### DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statements in the application form are true to the best of my knowledge and belief and the person/persons from whom medical expenses were incurred is/are wholly dependent upon me.

Date:

(Signature of the Employee)

