



School Of Planning and Architecture, Vijayawada

FORM OF APPLICATION FOR MEDICAL CLAIM

01. Name (in block letters) :
02. Designation :
03. Office/Branch/ Dept. in which employed :
04. Basic Pay : Rs.
05. Residential Address :
06. Name of the patients and his/her relationship with the Govt. Servant :
07. Place of Duty :
08. Nature of illness and its duration :
09. Details of the amount claimed (Medical Attendance)
 - a. Name and designation of the medical Officer consulted and the Hospital / Dispensary to which attached :
 - b. The number and dates of consultation and the fee paid for such 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 :
10. The number and date of injections and the fee paid for each injection including fees/ charges paid for clinic tests :
11. Cost of the medicines purchased from the market :Rs.....
12. Total amount claimed :Rs.....
13. 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 for whom medical expenses were incurred is/are wholly dependent upon me.

Date:

Signature of the Employee

MEDICINE REIMBURSEMENT CLAIM

14. Details of medical reimbursement claim in respect of Mr./Ms.....
S/o. D/o.....working asSPAV, Vijayawada.

Sl No	Name of the Patient and relationship	Name of the drug store/chemist	Cash Memo No. & Date	Medicine(s)	Amount of each medicine	Total of each cash memo

Total amount of Medicines claimed Rs..... Rupees

Grand Total (Col.10) Rs.

DECLARATION:

1. I certify that the patient(s) for whom medical reimbursement claim has been made in the bill is/are wholly dependent upon me.
2. I certify that my wife/husband is not employed in the Government /Semi-Government service and he/she has not submitted any claim.

Accepted and Countersigned

Signature of the Claimant
Date

ACCOUNTS BRANCH

Claim passed for Rs.(Rs.....) only.

Accountant

Competent Authority.