FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN
CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF EMPLOYEES AND THEIR
FAMILIES.

(FOR OUT DOOR TREATMENT)

1. Name & Designation of NIB employee
   (IN BLOCK LETTERS)
i) Whether married or unmarried
ii) If married, the place where Wife/Husband
    is employed.
2. Office in which employed
3. Pay of the Govt. servant as defined in the
   Fundamental Rule and any other emoluments
   which should be shown separately.
4. Place of duty
5. Actual residential address
6. Name of the patient and his/her relationship
   to the employee.
7. Place at which the patient fell ill
8. a) The name & designation of the medical officer
   Specialist consultant and the hospital or
   Dispensary to which attached
b) The number and dates of consultation and the
   Fees paid for each consultation.
c) Charges for pathological, bacteriological,
   radiological or other similar tests Undertaken
   during diagnosis indicating.
   (The name of the hospi or lab. where undertaken)
d) Cost of medicines purchased from the market
   (receipt should be attached
9. Total amount claimed
10. Less advance taken on
11. Grand Total
12. List of enclosures

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Signature of the Govt. Servant and
Office to which attached.

Dated: