

NATIONAL INSTITUTE OF BIOLOGICALS
(Ministry of Health & Family Welfare)
Noida (U.P.)

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 ~~un~~married :
- 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 :