JAMIA HAMDARD

Hamdard Nagar, New Delhi-110062

Form of Application for Medical Claim

(OPD)

01. Name of Employee.....

02. Designation..... 03. Deptt./Faculty.....

04. Pay (BP+GP) Rs..... 05. Marital Status.....

06. Residential Address.....

Information of Patient

07. Name of Patient.....

08. Relation with Employee..... 09. Age.....

10. Marital Status (for son/daughter)..... 11. Monthly Income (if any).....

12. Occupation of patient.....

13. Place at which patient fell ill.....

14. Nature of illness.....

15. Medical Officer Consulted.....

16. Hospital/Dispensary/Clinic.....

17. **Details of consultation**

Date/CR	Amount (Rs.)	Date/CR	Amount (Rs.)
.....	.....	.....	.....
.....	.....	.....	.....

18. **Details of Pathological Tests**

Date/CR	Amount (Rs.)	Date/CR	Amount (Rs.)
.....	.....	.....	.....
.....	.....	.....	.....

19. **Cost of Medicines consumed**

Date/CM	Name of Medicines	Amount (Rs.)
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

20. Total amount claimed (17+18+19)= .....

21. **Declaration to be signed by the employee**

I,.....(Name) hereby declare that the information in the application are true and that I have actually spent an amount of Rs.....as per details mentioned in the claim form on the treatment of.....(Name & relationship of patient) who is wholly dependent on me. I also declare that the medicines purchased have been fully consumed by the patient.

Signature of Employee

Place..... Name.....

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

Encl. :

1.

2.

3.

Countersigned by HOD
(Affix Rubber Stamp)

CERTIFICATE BY MEDICAL OFFICER

I, Dr. / Hkm.....hereby certify that the patient namely.....has been under my treatment at.....Hospital. The patient is/was suffering from..... and is / was under my treatment from.....to.....and that the tests & medicines prescribed by me were essential for the recovery of the patient.

Place.....

Date..... Signature with Official seal

FOR OFFICE USE

Financial Limit	Rs.	.....
Amount already paid	Rs.	.....
Amount admitted	Rs.	.....
Balance available	Rs.	.....

Dealing Asstt. SO / AR (F)