



**NATIONAL INSTITUTE OF PUBLIC FINANCE & POLICY
NEW DELHI**

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

Name of the employee Designation
If claimed for Dependents their particulars :

Name	Relationship	Age
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Particulars of expenses incurred on medical treatment :

S. No.	Prescription/Cash Memo Receipt Number	Date	AMOUNT	
			Rs.	P.
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(Amount in words)

Date Claimant's Signature

Certified that :-

- a. The claim is in respect of eligible member of my family as per declaration and that they are not governed by any other medical assistance scheme.
- b. *the children for whom treatment has been taken are fully dependent on me and are below 20 year of age.

or

*the children for whom treatment has been taken are fully dependent on me, though they are above 20 years of age, they are not employed and are fully dependent on me as they are pursuing full time education.

- c. *my wife/husband for whom treatment has been taken is not employed.

or

*my wife/husband for whom treatment has been taken is employed, but he/she is not getting any medical assistance/benefit from his/her employer.

- d. my mother/father for whom treatment has been taken is/are dependent on me.
- e. the amount claimed is within my entitlement.

Date

Claimant's Signature

*delete whichever is not applicable.

(FOR OFFICE USE)

Certified that the claim made by the staff member for his/her own treatment or for treatment of his/her dependent family members (entitled to received medical treatment under the institute's rules), is in order and a balance of Rs. is still available out of the entitled ceiling amount.

The claim has been checked with supporting documents and entries have been made in the Medical Claim Register at page No. May be passed for payment of Rs.

Date

Dealing Assistant

Pay Rs.

Received Rs

(Rupees

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Accounts Officer/Admin. Officer/Sr. Accounts Officer/Secretary/Director

Claimant's Signature