



केन्द्रीय संस्कृत विश्व-विद्यालय / Central Sanskrit University

56-57, Institutional Area, Janakpuri, New Delhi- 110058

Form of application for claiming reimbursement of medical expenses

(separate form should be used for IPD/OPD claim & for each patient)

- 1 Name & designation :
- 2 Employee Code :
- 3 Pay Level :
- 4 Place of duty :
- 5 Residential address :
- 6 Name of dependent patient and relationship :
- 7 Whether patient resides with employee? :
- 8 Place at which the patient fell ill :
- 9 Details of the amount claimed :

Sr. No	Name of Doctor/clinic/hospital	Bill No.	Date	Enclosure sr. no.	Nature (prescription/test /medicine)	₹ (Amt)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total						

10 Gross amount claimed

Rs

11 Less advance taken

Rs

12 Net amount claimed

Rs

DECLARATION

I hereby declare that the statements in this application are true to the best of my knowledge & belief and that the person for whom medical expenses were incurred is covered under the definition of dependent family member.

Dated:-

Signature

Note: (1) The prescriptions for medicines & tests etc. must be arranged sequentially.

(2) Essentiality certificate is required for IPD cases.