

APPLICATION FORM FOR MEDICAL REIMBURSEMENT FOR W.B.C.S.
(JUDICIAL OFFICERS)

1. Particulars of the Officer

- a) Name of the Officer (in block letters) :
- b) Service with year of allotment :
- c) Designation :
- d) Place of Duty :
- e) Residential Address :

2. Particulars of the Patient

- a) Name :
- b) Relationship with officer :
- c) Age :

3. Particulars of Treatment

- a) Nature :
- b) Place at which treated :
- c) Period of treatment :

4. Particulars of attending Doctor

- a) Name(s) of the Doctor(s) :
- b) Address :
- c) No. of dates of consultation :

5. Details of Hospitalization if done

- a) Name of hospital / Nursing Home :
- b) Period of stay :

6. Details of Claims(to be supported by cash memos)

- a) Cost of Injections
- Cost of medicines

Charges of diagnostic costs :

Charges of special Nursing Home :

b) Consultation fee, if any

• (Actual cost to be supported by receipts) :

Total Claim: Rs.(in words) Rs.

7. Hospital and Nursing Home Charges (to be supported by cash memos/
vouchers)

a) Rent for cabin or bed :

b) Surgical operation :

c) Diagnostic tests :

d) Consultation Fees :

e) Medicines :

f) Charges for special Attendants :

g) Nursing Charges :

h) Ambulance charges :

i) Any other charges :

Total

GRAND TOTAL

DECLARATION

I hereby declare that the statements made in this application are true to the best of my knowledge and belief and the person for whom the medical expenses are claimed is/ are wholly dependant on me.

Signature of the Judicial Officer.

Dated:

Place: