## PANJAB UNIVERSITY, CHANDIGARH BILL FOR MEDICAL ASSISTANCE REIMBURSEMENT

To b	e filled	d in by the claimant :	HC Card I	No		,	, PF/PP	O No		, Ph. :			
1.	Nam	e of the claimant (I	N CAPITALS):										
2.	•	gnation and Office/D	•										
3.	Name of the patientRelationship with the claimant												
4.													
5. 6.	_	etails of the amount claimed (kindly attach original receipts/vouchers duly attested).											
	Sr. No.	Receipt No.	Date of purchase	Medicines					1				
									Rs.	P.			
				1							†		
				1							-		
				<u> </u>									
									Total				
Certi	ified th	nat ·		1								1	
1.	Mr	./Miss/Mrs/ she is residing with							patient) is who	lly depende	ent upon me an	d that	
2.		· ·					-		s				
3.	My <b>Basic pay</b> is												
	Un	iversity or I have clai	med Rs	from	Hea	lth Insur	ance p	rovider.			-		
4. -	Income of my wife/children/other dependent from all sources is less than Rs. 1000 p.m.  I have not claimed reimbursement of the above bills previously.												
5. 6.						•	f the bil	le claimad	ahove				
υ.	I do not have any bills pending with me for claim prior to the period of the bills claimed above.  Home address							Signature of claimant					
	Home address					Dated :							
											Datou		

Treating Doctor (STAMP)

Medical Supdt. (STAMP)

CHIEF MEDICAL OFFICER (STAMP)

	Joint Declatation can only be furnished when both husband and wife are the employee of P.U. and not otherwise.									
	Recommendations of the Head of the De case of employees working in the Admin		of employee working in	Departments) and	A.R./D.R. (in the					
	Certified that the claiment is a confirmed /regular employee/pensioner/retiree of this dept./office.									
			Н	ead of the Departm (Stamp)	nent/A.R./D.R.					
C.	For use by the Sanctioning Authority									
	Checked and found correct for re-imbursem	ent of Rs								
	Sanctioned and passed for payment of R provision exists.	s	out of the Budget He	ead 'Medical Assis	tance'. Budget					
			S	ANCTIONED						
			C.M.O./V.C.	. (For C.M.O's clain	n and self)					
For	use by the Accounts Branch									
	Pay Rs(F	Rupees			)					
	Clerk	Asstt.		Supdt.						
D.	PAY ORDER BY AUDIT		E.	PAY ORDER VE	ERIFIED.					
			Clerk		Sr. Asstt.					
 F.	Cheque No		Dated.							

Wife of P.U. Employees whose income is more than Rs. 1000/- p.m. is not dependent on her husband even with no

B.

benefit of free medical facility/reimbursement.