

SJVN	Application for Grant of Advance for Hospitalisation/ Protracted Diseases				
		CC	VR No.	VR Date	SC NA

Project	Deptt.	Name of the Claimant	Employee No.

- a. Employee's Name..... Designation
- Basic Pay Deptt.
- b. Name of the Patient Rex No.
- Relationship
- c. Nature of Disease..... Hospitalisation Period
- d. Expenditure anticipated..... Advance required.....

Detail of previous unadjusted Medical Advance, if any:

Advance Amount	Advance Date	Reason for non-adjustment

N.B: Please attach the Authorised Medical Attendants' recommendations/certificate regarding nature of disease, likely duration of the Hospitalisation and anticipated expenditure thereon.

Certified that the particulars mentioned above are true to the best of my knowledge and belief and that the reimbursement of medical expenses is admissible as per rules for the person for whom the advance is being applied for.

Signature of the employee

Signature of the Sanctioning Authority

Date:

with designation stamp

(To be Filled by Accounts Deptt.)

Claim passed for payment Rupees (in words).....

Account Code	Amount	Cash/Bank code	Cheque Date
	Rs. P.		
Actt.	Sr.A.O./A.O.		Cheque Date

Received Rs.(Rupees.....)

Signature of the employee
date