

FORM-BI

Satluj Jal Vidyut Nigam Limited		CLAIM FOR MEDICAL REIMBURSEMENT NON-HOSPITALISATION				Mode of Payment: Cash/Bank Place of Payment:			
DIARY NO.									
Date received		CC		VR-No.		VR-DATE		SC	NA
Project		Deptt.		Name of Employee		Claim Date		Emp.No.	
								Rs. Claim Amount	
Employee's Name				Designation					
Basic Pay				Deptt		Rax No.			
Bank Name				Bank Account No.					

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

Account Code	Amount	Cash/Bank Code	Mode	Cheque No.
Acctt.	AO/Sr. AO		Manager (F)	Cheque Date

Received Rs. Rupees (in words)
.....

Date:

NOTE :

Sign. of the Employee

1. Doctor's prescription & cash memos in original should be attached in all cases.
2. Receipts for the amounts claimed should be enclosed.

SL.NO. 1 TO 5 BE FILLED BY THE EMPLOYEE
(To be detached and sent back to the employee by Accounts Deptt.)

1. Name
2. Employee No.....
3. Deptt.
4. Claim Date.....
5. for Rs.
6. Passed for Rs. and credited to bank on

(For deduction see overleaf)

DETAIL OF AMOUNT CLAIMED							
NON HOSPITALISATION CASES				Amount In Rs. P.			
Patient's Name & Relation	Doctor's name & Qualification Test's name	Consultation Date	Cash Memo No.	Consultation Charges	Injection Administration Charges	Cost of Medicine	Pathological Test Charges
				1	2	3	4
Total 1+2+3+4 in Rs.							

Total 1+2+3+4 in Rs.

Certified that the particulars mentioned in this claim are true to the besty of my knowledge and belief and that the person to whom medical expenses were incurred is wholly dependent upon me and residing with me.

Signature of employee Signature of Authority Signature of the Controlling
Date in case of relaxation officer with designation & stamp

DETAIL OF AMOUNT DISALLOWED

Reasons	Amount
1.	
2.	
3.	
4.	

A.O./Sr. A.O.