|  |
| --- |
| **/// Bills received from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ///** |
|  |
| Name off Faculty /Staff and Employee ID : Designation :Department :Grade Pay :Name of the Patient :Relationship with the Claimant : Bill Date :Bill Number :Name of the Hospital/Physician :Total No. of Vouchers : |
|  |
| Particular |
| Amount Claimed | Amount Admissible |
|  |  |
| Admissible amount in words: |

Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is verified that the patient, Mr./Ms./Master/Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the employee / legally declared dependent of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and is eligible for reimbursement as per institutional norms.

 **Deputy/Joint Registrar**

The expenses claimed for the treatment are within CGHS norms.

 **Medical Officer**

An amount of Rs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) is hereby approved/ recommended for reimbursement

 **Head Medical Officer**

All prior verifications completed. An amount of ₹ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is sanctioned for payment.

 **Deputy Registrar Finance**

***Remarks by Medical Officer (if any):***