|  |  |
| --- | --- |
| **/// 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):***