
RAMJAS COLLEGE

Medical Expenditure reimbursement form

Application form for claiming refund of Medical Expenses incurred with medical attendance/ treatment taken from authorised medical practitioner & or hospital for the college employee & their dependents.

1	Name & designation of the employee.	
	a) Weather married or unmarried.	
	b) If married, if applicable the place where spouse of the college employee is employed.	

In case employed, a joint declaration duly countersigned by the employer of the spouse of the college employee should be furnished at the time of submission of first bill in each financial year 1st April to 31st March

2	Place of duty in Ramjas College.	
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3	Gross Pay of the employee.	
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4	Patient's name & relationship with employee (in case of dependent state date of birth also)	
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5	If dependent is it already declared (declaration to be submitted every financial year)	
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6	Service & Income of dependent (if any)	
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	Residential address.	
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7	Place where the person fell ill. (for outstation only)	
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8	Membership number of WUS Health center (Attach a copy of front page of WUS booklet every financial year.	
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9 DETAILS OF AMOUNT CLAIMED

A Details of Medical attendance fee

	a) The name of the medical officer consulted & the hospital/ dispensary to which attached.	
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b) Number & dates of consultations/injections & fee paid for each consultation.

B Charges for pathological/radiological or similar tests under taken during diagnosis

a) Name of the hospital/laboratory where these tests were undertaken.

b) is the hospital/laboratory in Delhi University/WUS panel ? (Yes/No)

c) Whether the tests were undertaken on the advise of the authorized medical attendant. If so the Prescription (original) to this effect should be attached.

d) Total charges paid for such tests. ₹

C Charges for the medicines purchased

Total Cost of prescribed medicines purchased (**Cash memos & Doctors prescription to be attached in original**)

D Duration of treatment (from-to-dates)

10

List of enclosures

1

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List of Medicines (clearly written)

Use separate page if enclosures/medicines are more

TOTAL AMOUNT CLAIMED

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

1 I here by declare that the statements in the application are true to the best of my knowledge & belief & that the person for whom medical expenses were incurred and are being claimed in this form is **wholly dependent upon me & are not income tax assessee. (Submitt Joint Form)**

2 That in case where the spouse is also Government employee a joint declaration for not claiming reimbursement of medical expenditure from two or more different sources simultaneously is to be furnished.

3 That in case where the spouse is also Government employee a joint declaration of the option indicating the details of each family dependent in respect of whom the claim is to be preferred by the spouse concerned.

4 Kindly complete all the entries in the form well clearly written, **Incomplete form will not be considered**

5 Kindly attach all **ORIGINAL Cash memo/bill** and **DOCTORS PRESCRIPTION.**

6 **Kindly retain all empties of medicine claimed till the amount passed is credited in your account or demanded by the account section, whichever is earlier.**

7 Kindly write your Email _____

Pre receipted

Date

Signature of college employee

Only for Office use

Amount passed for payment ₹ _____

Signature of dealing assistant _____

Date _____

Signature of SO Accs _____

Signature of the Bursar _____

Signature of the Principal _____