

ANNEXURE

X

Annexure - 1

To

The _____

Subject: Final Medical re-imburement bill for Medical Treatment.

Sir

I am to submit herewith a Medical re-imburement claim/refund in connection with Medical Treatment of Shri/Smt _____ at _____ (Name of Hospital) as per the particulars given below.

- 1 Full Name of Claimant: _____
- 2 (A) In case of servant Govt. Employee: _____
 - (i) Designation and address of Office where employed _____
 - (ii) Basic Pay and Pay scale Rs. _____
- (B) In case of Pensioner
 - (i) Pension Payment order (P.P.O) Number _____
 - (ii) Amount of Basic Pension per month Rs. _____
- 3 (a) Relationship of Patient with the applicant, if the applicant is not the Patient. _____
 - (b) Name of the patient. _____
 - (c) Age of the patient: _____
- 4 Letter no. and date conveying approval for Medical Treatment (copy to be enclosed):

- 5 Details of all Medical Advances drawn; due to be regularized:
 - (i) Amount drawn & date of drawal Rs. _____
 - (ii) Office from which drawn: _____
 - (iii) Amount already refunded, if any Rs. _____
- 6 Also enclosed are the following:
 - (i) Essential certificate duly certified by Authorized Medical Attendant.
 - (ii) Bills/Cash memos duly listed showing.
 - (a) Serial number (b) Bill/Cash memo number & date.
 - (c) Particulars (d) Amount _____ Nos.
 - (iii) Total amount Rs. _____
- 7 Claim/refund Rs. _____

Place _____
Date _____

Your's faithfully

(Applicant)

ANNEXURE- II

DECLARATION

REGARDING PARTICULARS OF A PATIENT BEING PARENTS OR CHILDREN OF A CLAIMANT WITH REFERENCE TO THE MEGHALAYA MEDICAL ATTENDANCE RULE 3 (g) i to viii AS APPLICABLE.

(IN CASE OF PARENTS - INCLUDING STEP-PARENTS)

I declare that Shri/Smti _____ who is my Father/Mother ordinarily resides with me at (complete address) _____ and is wholly dependent on me financially.

(IN CASE OF CHILDREN INCLUDING THOSE ADOPTED ACCORDING TO ANY LAW OR CUSTOM)

I declare that Shri/Smti. _____ who is my Son/Daughter was born in the year _____ and that he/she is married/unmarried and that he/she has no income of his/her own.

Place _____
Date _____

Signature of Declarant.

Full Name:
Designation:
Office employed:

In case of Pensioner only { Pension Payment Order (PPO) No. _____
Amount of Basic Pension: ₹ _____