APPLICATION FORM FOR MEDICAL REIMBURSEMENT FOR W.B.C.S. (JUDICIAL OFFICERS)

1. Particulars of the Officer

- a) Name of the Officer (in block letters)
- b) Service with year of allotment
- c) Designation
- d) Place of Duty
- e) Residential Address

2. Particulars of the Patient

- a) Name
- b) Relationship with officer
- c) Age

3. Particulars of Treatment

- a) Nature
- b) Place at which treated
- c) Period of treatment

4. Particulars of attending Doctor

- a) Name(s) of the Doctor(s)
- b) Address
- c) No. of dates of consultation

5. Details of Hospitalization if done

- a) Name of hospital / Nursing Home
- b) Period of stay

6. Details of Claims(to be supported by cash memos)

a) Cost of Injections
Cost of medicines

Charges of diagnostic costs Charges of special Nursing Home	AUDIM ROLL MARTH MEDITADIA 1982
	LAYDIEULA.
b) Consultation fee, if any	
• (Actual cost to be supported by receipts)	:
Total Claim: Rs(in word	ds) Rs.
7. Hospital and Nursing Home Charges (to	be supported by cash memos/.
vouchers)	
a) Rent for cabin or bed	1150 10 000 1 to
b) Surgical operation	Grandeleux (o
c) Diagnostic tests	
d) Consultation Fees	Day to the second second
e) Medicines	The rest of the second
f) Charges for special Attendants	nergen in de la companya de la comp La companya de la co
g) Nursing Charges	는 100kg (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
h) Ambulance charges	
i) Any other charges	Santiacian Santiacian
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Total	
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GRAND TOTAL	
	To Selection of the Oreans is to
DECLARATI	ON
I hereby declare that the statements made in this	application are true to the best of my
knowledge and belief and the person for whom t	
are wholly dependant on me.	Gian lei is such and sold la citate
	A STATE OF
	Signature of the Judicial Officer.
Dated:	at is the only and ballet his College and
Place:	