

**FORM OF APPLICATION FOR MEDICAL CLAIMS TREATMENT TAKEN FROM
AMA/TREATMENT TAKEN FROM GOVT. HOSPITAL AS O.P.D.**

1. Name & Designation of Govt. Servant :
(In Block Letters)

2. Whether married or unmarried, if married :
the Place where wife /husband is employed

3. Pay of Govt. servant & other emoluments :

4. Office in which employed :

5. Place of Duty :

6. Actual residential address :

7. Name of the patient and his/her :
relation of the Govt. Servant
(Note: state age also in the case of children)

8. Place of illness :

9. Details of amount claimed
I) Name of the AMA/MO with designation :
and the hospital to which attached
II).No. and date of the consultation
and fee paid for each consultation :
III) No. & Date of injections and fees
paid for each injection
IV) Name of the hospital/Lab where path/bact
Tested undertaken

V) Cost of medicine purchased from market

Total amount Rs. _____

Cash Memo, essentiality certificate prescription of doctor should be attached

I hereby declare that the statement in the application are true to the best of knowledge and dependent upon me.

Sign of Govt. Servant
IIFSR, Modipuram, Meerut