

# MEDICAL REIMBURSEMENT BILL



**JAMIA MILLIA ISLAMIA**  
NEW DELHI

## FINANCE & ACCOUNTS OFFICE

Dispatch No. .... Dt.....

Diary/BRF No. .... Dt.....

Re-Received Date .....

Passed / Approved Date .....

For Retired Employee

### DEBIT

Major Head ..... Common Service .....

Minor Head ..... Medical Reimbursement Account .....

Amount in words : Rupees .....

Rs.

### CREDIT

In favour of .....

Emp. ID No. .... (Bank A/C No. ....)

Indian Bank, J.M.I. Branch Ch. No. .... Date.....

Medical Advance Rs..... Date of Drawal .....

**F.D.R. No.** ..... **R/-**..... **I.L. No.** ..... **L.F. No.** .....

Voucher Prepared by ..... dated .....

#### Certified that :

1. The balance under the Head of expenditure upto date is Rs. .... according to the books of the Office, before sending the bill under reference.

**Financial Authority** ..... dated .....

Checked by ..... dated .....

**Dealing Assistant** ..... dated .....

Pay by Cheque ₹ ..... ₹ .....

Transfer / Adjustment .....

Section Officer

Accounts Officer

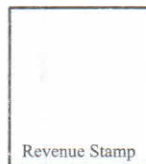
date .....

Received from the **JAMIA MILLIA ISLAMIA , NEW DELHI-110025** the sum of

Rs. ....

Date .....

Thumb Impression of .....



attested .....





# JAMIA MILLIA ISLAMIA

Maulana Mohammed Ali Jauhar Marg  
New Delhi-110025

For Retired Employee

## APPLICATION FORM FOR MEDICAL CLAIMS

Application form for reimbursement of medical expenses / treatment of Jamia employees and their family by authorised medical doctors and the hospitals recognised by the Jamia.

1. (a) Name.....  
(Name in the block letters)
- (b) Designation..... at the time of Retirement.....
- (c) Department / Office hant Posted.....
- (d) Residential Address .....
- ..... Mobile No.....
- (e) Family Declaration Register No. ....R/-.....
- (f) If married the place where wife/husband/spouse is employed.....
- (g) Department/Office/Salary drawn .....
2. Basic pension .....
3. Patient's name and his/her relation to the employee .....
4. Details of the Amount Claimed: .....

### Medical Attendance :

- (a) Name and designation of the medical officer consulted and the hospital / dispensary to which attached .....
- (b) Number and date of consultation and the fee paid for each consultation.....

(c) Number and dates of injection and the fee paid for each injection .....

(d) Whether consultation and/or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.....

(e) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating.....

(f) the name of the hospital or laboratory where undertaken.....

(g) Cost of medicines purchased from the market (enclose Cash Memo and the essential certificate).....

5. Total amount claimed Rs.....

6. List of enclosures.....

**Declaration and Certificate to be Signed by the Jamia Employee.**

I here by declare that the above statement is true to the best of my knowledge and belief and that person for whom medical expenses were incurred is wholly dependent upon me.

Certified that I .....(name) Retired from .....(name of the office in which employed)

am not availing of Medical facilities or financial / medical allowance in lieu there of either for myself and / or the spome from any other source (other than under C.S. (M.A.) Rules, 1994.

Dated :.....

.....  
*Signature of the Jamia Retired Employee/  
Family Pensioner*