



**Application for claiming reimbursement of expenses on purchase of medicine, consultation fee, pathology/radiology test fees etc. recommended by Health Centre NISER, Empanelled Hospitals, Govt. Hospitals/Institutions under CHSS**

**National Institute of Science Education and Research Bhubaneswar**

<i>Particulars of the Employee</i>					
<b>1</b>	a.	Employee's Name			
	b.	Designation		c. Department	
	d.	PF No.		e. Mobile No.	
	f.	Complete postal address with email-ID	<hr/> <hr/> <hr/>		
	g.	Present Basic Pay	₹	h. Grade/Level	
	<i>Particulars of the Patient</i>				
<b>2</b>	a.	Name of the patient			
	b.	Relationship with emp.	c. DOB	___ / ___ / ____	
	d.	CHSS Card No.	e. Validity of CHSS Card	___ / ___ /20__	
<i>Duration and Place of treatment</i>					
<b>3</b>	a.	Name and address of Doctor / Hospital who prescribed the medicines			
	b.	Period of treatment	From: ___ / ___ /20__	To: ___ / ___ /20__	
<i>Details of Expenditure Incurred</i>					
<b>4</b>	a.	Consultation Fee	₹		
	b.	Cost of Medicines	₹		
	c.	Cost of Pathology / Radiology Test	₹		
	d.	Total	₹		

Certified that Shri/Smt. \_\_\_\_\_, my father/mother for whom this medical reimbursement claimed is wholly dependent on me and his/her total income does not exceed ₹9,000/- per month.

Certified that the prescription and the cash memo enclosed to this claim pertain to me/my family.

Enclosure: 1. Prescription and

No \_\_\_\_\_ Date \_\_\_\_\_

2. Cash Memo(s)

No \_\_\_\_\_ Date \_\_\_\_\_

No \_\_\_\_\_ Date \_\_\_\_\_

No \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_ / \_\_\_ /20\_\_

*Signature of applicant*

**Note:** Before submitting the claim the applicant should ensure that all enclosures are attached, all the columns are duly filled in, signature of treating doctor is available in the prescription and other relevant portions, signature of self in relevant column with date and also in all enclosures and also the claim is submitted within the prescribed period and medicine is so purchased are within the period. This will help to process the claim effectively and speedily in a short time.

**FOR OFFICE USE ONLY**

1. The patient is / was suffering from \_\_\_\_\_ (nature of illness) and the medicine/ radiology/ pathological tests were prescribed for bonafied use of the beneficiary and does not include food/ toilet/ cosmetic/ disinfectant/ non-entitled items.
2. The patient was referred consultation/ examination as per the details indicated above.

*Signature of Medical Officer  
NISER Health Centre*

Approved for payment of ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ only)

AO-I/DCA (F&A), NISER