

## INDIAN INSTITUTE OF SCIENCE, BANGALORE

C. Bill No. ....

CONSOLIDATED CLAIM FORM FOR MEDICAL REIMBURSEMENT FOR THE MONTH OF \_\_\_\_\_.  
(To be submitted by the employees / pensioners between 1st and 15th of every month)

1. Name of the Employee / Pensioner :					Employee / Pensioner Code :									
2. Designation (incase of employee) ::					Dept. (Incase of employee) : Aerospace Engineering									
3. Bank A/c No. :					Name of the Bank : SBI / Canara bank, IISc Branch									
SI No.	Name of the patient	Relationship to the employee / Pensioner	CMO/MO/AM O consulted	Period of Treatment		Amount claimed ₹				Amount Admitted ₹				
				From	To	Med.	Lab.	Cons.	Total	For Office use				
<b>Grand Total ₹</b>														

It is certified that individual that claims indicated above have been certified by the CMO/MO/AMO concerned and the relevant prescriptions, Cash Memos for purchase of Medicines and Referral & Receipts for Lab Test etc., have been enclosed.

Signature of the Employee / Pensioner

For Office use

Passed for Rs. .... (Rupees ..... only)

Case Worker

Supervisor / Supdt.

MEDICAL OFFICER