



**SHAHEED SUKHDEV COLLEGE OF BUSINESS STUDIES
(UNIVERSITY OF DELHI)**

PSP AREA-IV, Dr. K.N. KATJU MARG, SECTOR-16, ROHINI, DELHI-110089

Form of the Application for claiming Refund of Medical Expenses incurred in connection with Medical Attendance and or Treatment of college employees and their families.

N.B. - Separate form should be used for each patient.

1. Name and designation of the employee :
(in block letter)

i). whether married or unmarried. :

ii) If married the place where wife/
Husband of the employee is employed
(where applicable)

(In case employed a joint declaration
Duly countersigned by the wife employer/
Husband of the child may be furnished)
at the time of first bill in each financial year)

2. Pay of the employee, and other Emoluments
which should be shown separately :

3. Residential Address :

4. Name of the patient and his/her relationship to the employee:

N.B. - In the case of children state age also.

5. Place at which the patient fell ill:

6. Whether member of W.U.S. Health Center or Not.

7. Details of the amount claimed:

MEDICAL ATTENDANCE :

- i) Fees for consultation, including
 - a) the name, qualification and designation, of the medical officer consulted and the hospital or dispensary to which attached.
 - b) the number and dated of consultations and the fee paid for each consultation.
 - c) the number and dates of injections and the fee paid for each consultation.

- d) Whether consultations and/or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.
- ii) Costs of medicines, purchased from the Market
(list of medicines, case memos, and the essential certificates should be attached)

8. Total amount claimed:

9. List of enclosures:-

- 1
- 2
- 3
- 4

Declaration to be signed by the college employee

- 1) I hereby declare that the statements in this application are true to the best of my Knowledge and belief and that the person for whom medical expenses were incurred is Wholly dependent upon me.
- 2) I also certify that there is no co-operative store/medical store run by government or Super Bazar within the radius or 3 K.M. from my residence.

Date.....

Signature of employee

Certified that

Necessary entries have been made in record.
entered in the medical register on page No. Sr. No.

Dealing Assistant

Principal

(To be filled in by Accounts Section)

Bill passed for Rs.(Rupees.....)
Paid Vide cheque No..... dated

Dealing Assistant

Section Officer (A/c)

Bursar

Principal