

**Sub: Initial approval for treating a case as a Special Disease case.**

(Rule 8 of IRCON Medical Rules, 2002)

Note: Information in respect of all columns is compulsory for processing of application.

1.	Emp. code No.		2.	Name of the employee	
3.	Designation		4.	Place of posting	
5.	Scale of pay		6.	Basic pay	
7.	Name of Patient		8.	Relationship	
9.	Name of Special Disease				
10.	Annual Medical entitlement				
11.	Total amount claimed				

Encl: Tick mark the documents enclosed.

1. Dependency certificate
2. Certificate from AMA about the nature / diagnosis of the disease
3. Prescription / bills / investigation reports in support of special disease – self-attested photocopies.  
(Original to be submitted to Accounts Deptt alongwith the approval of DF for reimbursement).


Date: \_\_\_\_\_

Signature of employee \_\_\_\_\_

**Controlling Officer** : Signature: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

**FOR USE IN HRM DEPTT CORPORATE OFFICE**

Information given above is verified. The employee is eligible for reimbursement of medical expenses. Submitted for kind initial approval for treating the case as a special disease case so that reimbursement of medical expenses can be claimed by the employee as per IRCON Medical Rules.

Signatures of Dealing Assistant

**Manager / HRM**

**DGM / HRM**

**GM / F / HQs**

**ED**