

**Sub: Claim for medical expenses on incurred on Special Diseases after initial approval  
- Outdoor Treatment. (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	Rs. _____	6.	Basic pay	Rs. _____ pm
7.	Name of Patient		8.	Relationship	
9.	Name of Special Disease				
10.	Annual Medical entitlement				
11.	Total Amount claimed (in rupees)		Rs. _____		
12.	Name & Account No. of the bank where the amount is to be sent				

**Encls:** (Tick mark the documents attached)

- i) Dependency certificate (if not submitted earlier)
- ii) Prescription of doctor indicating date wise treatment
- iii) Original vouchers and receipts for diagnostics, medicines etc.
- iv) Office order for treatment of case as a special disease.


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

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

**Controlling Officer**

**Accounts Department**