

Sub: Reimbursement of medical expenses incurred on Outdoor Treatment.
(For employees working on Foreign Projects)

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.	Nature of 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.

Signature of employee _____

Controlling Officer

Accounts Deptt.