

**MEDICAL REIMBURSEMENT CLAIM FORM  
FOR OUTDOOR TREATMENT (BSNL)**

1. Name of the Employee:
2. Designation:
3. Reg. No.:
4. Salary (Basic Pay + D.A)/Pension (as on 1.04.04):
5. Place of Duty:
6. Name of Patient:
7. Relationship with Employee:
8. Age:
9. Reimbursement claimed under:

(Tick  relevant box)

- Treatment from RMP (as per Para 2.1.0)
- Treatment from P & T Dispensary (as per Para 2.1.2)

10. Nature of illness:
11. Name of Doctor/Hospital:
12. Details of Claim:

(attach prescription, vouchers, etc., in duplicate)

	Voucher No.:	Amount Rs.
• Consultation:		
• Diagnostics/Tests:		
• Medicines:		
• Appliances:		
• Special treatment (e.g., Physiotherapy, Yoga etc.)		
• Others:		
	Total	
	(Rupees _____)	

**Declaration:**

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for whom medical expenses are incurred is wholly dependent on me.

(Signature of Employee)