## INDIA TRADE PROMOTION ORGANISATION

<u> </u>	CLA	IM EXIR	M FOR RI	CIMBL	RSEN	ENT (	OF ME	DICA	EXPE	NSES	
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	Employ				- v. l					-	-
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			04.2012		17 T V	- COMPANIENT			S 4115		
	Residentia		01.204.25								_
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5.	Name o	of Patient	Relations	hip wit	h empl	oyec	ه خصیت بده بد رسم بخو	Age	m case o	of childre	211)
a)											
b)-		exercises (C.)									(4.5.f(4)
c).	** * * * * * * *(*)(*)	*********									
d)-											
7.	Place at w	hich the p	ationt fell:								
	ill (if 5 &	7 are diffe	erent, pleas	e		Holion-re-					Late of the same of
	explain the							·			Same Fill
8.	Name & a	ddress of	the doctor:								Addition .
	consulted	with regd.	no.				00 <del></del>				
	- 10 C	1			0.16	- 4	pouse	Chi	ldren	Depd.	Total
9.	Details of	-			Self		Cara I Biographic Cara	No company			
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A. 1		y/ordinary nout presci	treatment		1	AECINI/	1				
		h Prescript						2			
R Cha			abic treatm	ent etc.	-						
C Test	ts/Investig	ations (wil	h renorts)								
	enses on h										
To . True	VOLIDAD CIT I	Tota	l claim Rs.								
Total c	laim (a+b	+c+d)		-		Continue of the second				3	
Rs.		Rupee	s								
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Amou	int of	adva	ince, i	f	iny	Rs.					Dates
									of war lon	owledge :	and belief The
1. I her	eby declare	that the sta	tements mad	le in this	claim	form are	true to	me best	v as defin	ed under	and belief. The rule 3.2.
			nses was/wer ghter(s) is/ar								
3. My	apouse is in	a employed	itled for rein	nbursem	ent of I	nedical	expenses	s from l	nis/her en	iployer.	A certificate to
this effe	ect is being	submitted e	very year fro	nn his/he	er emple	oyer.				consistent to a surface of the	1
4. My I	father and/o	r mother is/	are wholly d	ependen	t on me	and his	/her/their	inoom	e from all	BOUTOES C	loes not excee
Rs 5.30	00/-per mon	th.									
		he declaration	n not applica	ble.							
Division											-
	No			Date:		-	(5	ignatu	re of Cla	imant)	
				Manage			2	) ya.		12 3018	
Note:	1. Each ca	sh memo,	doctor's pre	scriptio	n etc. r	nust be	signed 1	by clau	nant on l	burned o	n 15th claim
2. Cla	ims for G	eneral Lin	nit & tests	etc. sub	mitted	in firs	t 10 da	ys Will	be reim	emaining	n 15 <sup>th</sup> , claim z days will b
submi	tted in nex	ct ten days	will be re	imburse	ed on	and and	i ciaims	suom	med III I	PHICHITE	days will b
reimb	ursed on 5 <sup>th</sup>	of next m	onth.			100					cribed diseas

3. In case of hospitalization claims Income Tax exemption certificate and certificate of prescribed disease (if applicable) must be attached with claim form itself otherwise no relaxation for Income Tax purposes

I he convidered later on

Certified that hospital is an empanelled hospital and intiraction for hospitalization was duly received.

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ees		and the second s				
for adjustment of advance	of Rs. Rupees					
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Rivines			og detailed			
Rs. Rupees			as detailed			
above.						
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(Finance)		CH and for company	limit: 3. Check for fa			
Check list: 1. Match all	the bills with prescription; 2.	Check for general	isting children for deli			
particulars; 4. Check for	sheciacies (ouce mi mine land	n adilin	a. 8 Check for Photo			
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cases: 6. Check for disas	TOWCCE Internations	uen of plaimant on	all paperni 10.			