Annexure 'A'

भारतीय राष्ट्रीय राजमार्ग प्राधिकरण

National Highways Authority of India

APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES (HOSPITALISATION)

(To be filled by the Employees working on regular/deputation/long term contract-two years & above)

1. Name & Designation of the Employee :

2. Date of Joining :

3. Name of the Patient and relationship with the Employee :

4. Name of the disease of the patient :

5. Name of the approved Hospital :

6. Expenditure being claimed (documents to be enclosed) :

(i) I certify that the statement in this application are true to the best of my knowledge and belief and that the persons for whom medical expenses have been incurred are wholly dependent on me.

(ii) I certify that (i) i am not a CGHS beneficiary, (ii) my husband/wife is not availing CGHS benefit/medical benefit for himself/herself or for any dependent member of the family, (iii) my husband/wife is/is not an employee of the Central Govt./State Govt./Public Sector Undertaking/ Autonomous Body/Institution etc., which are wholly/partly owned/controlled/ funded by Central/State Governments and is/is not claiming any medical benefits under the relevant rules applicable to them for himself/herself or any dependent member of the family.

(iii) I Certify that my father/mother is residing & dependent on me and is not availing CGHS benefits/Medical Benefits for himself/herself or for any member of the family. It is also certified that my father/mother is not getting any pension benefits.

(iv) I also certify that the claim does not include expenditure towards vitamins (unless certified as essential by a registered medical practitioner), tonics, baby food, milk food, beverages, spectacles, dentures, crown work, bridge work, orthodontic work and other special dental work.

[Signature of the Employee]

Date:

Annexure-B

Name of the Employee :

Designation :

Status :
(Regular/Deputation/Long Term Contract-Two years & above)

Sl. NO.	Bill No.	Date	Amount (in Rs.)
		Total	

[Signature of the Employee]

Verified by

DDo, PIU/CMU

Project Director

UNDERTAKING

This is to certify that the expenditure for Rs _____ (Rs. _____ only) claimed by me for myself / my dependent family members towards medical expenses has not/will not be claimed by me / my family members under any Medi-Claim Policy or from any other source.

Signature :

Name :

Designation :

Date :