

CENTRAL PULP AND PAPER RESEARCH INSTITUTE

FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES
MEDICAL BENEFITS RULES

Name & Designation						
Name of the Project						
Basic Pay (as on 1 st April)						
Period of claim for the quarter						
Date of appointment in C.P.P.R.I						
Sl. No.	Name of Patient	Relationship with the Govt. servant	Period of Treatment	Doctor's name & Regd.No.	Cash memos No. & date	Amount

Certified that:

The reimbursement claimed above is in respect of self and members of my family actually dependent upon me.

The amount claimed above has been actually spent by me and is in connection with medical services and medicines. The cash receipts from the practitioner, vouchers paid up bills are enclosed duly supported by relevant prescriptions.

It is requested that the amount as admissible may please be reimbursed to me.

Date.....

Enclosures.....

Signature of claimant.....

FOR USE OF FINANCE & ACCOUNTS DIVISION

Balance at his credit as on _____ Rs. _____

Passed for payments Rs. _____ (Rs. _____)

Jr. Assistant

Paid by Cheque No. _____

dated _____

for Rs. _____

Section Officer (F&A)

Cashier

Received Rs. _____

Section Officer(F&A)