

OPD reimbursement form

P-1

MAHANAGAR TELEPHONE NIGAM LIMITED

Annexure (B)

MEDICAL REIMBURSEMENT CLAIM FORM FOR RETIRED EMPLOYEES

Certified that:-

1. I/My dependent wife/husband have undergone treatment under Dr. _____ at his clinic/at my residence _____

2. The patient is/was suffering from _____ is/was under treatment from _____ to _____

I submit the following:-

1. Doctor's Prescription
2. Cash memo(s) No. _____ Amount Rs:- _____
3. Doctor's bill for supply of medicines/injection and litigation charges.
4. Receipt of Doctor's consultation/Tests carried out/specialist charges.

My claim is for a total sum of:-

Consultation: Rs. _____
Cash Memo : Rs. _____
Tests : Rs. _____
Total : Rs. _____

Certified that the claim is true and correct:

1. My basic pay is Rs _____
2. Name and PPO No. _____
3. Designation at the time of retirement _____
4. Employment particulars of the spouse if any _____
5. Residential address _____
6. Telephone No. _____
7. Name of the bank and A/C No. _____
8. Certified that I am not holding any CGHS card nor availing any medical facility from any source.

Signature of the Retired MTNL Employee.

P-2 (Backside of P-1)

Claim Scrutinized:-

After disallowing inadmissible items, has been admitted please pay

Rs. _____ (Rupees
_____ only) to Sh./Smt./Ms. _____

through Account payee against A/C No. _____

of _____

Controlling Authority

Progressive total Rs. _____

Head of Account _____

Funds are available.