



JAWAHARLAL NEHRU CENTRE FOR ADVANCED SCIENTIFIC RESEARCH
JAKKUR, BANGALORE – 560 064

CONTRIBUTORY MEDICAL SCHEME
 Application for claiming reimbursement of medical expenses
 (N.B. Separate form should be used for each patient)

1. Name and Description (In Block Letters)	
2. Name of the patient and his / her relationship with the staff member (N.B.: In the case of children, state age also)	
3. CMS Registration No.	
4. Family Physician / Specialist 1. Name of the Family Physician / Specialist 2. The number and date of consultation	
5. Hospitalisation / Outpatient 1. Name of the Nursing Home / Hospital / Poly Clinic 2. Period of stay	
6. Amount claimed (Cash Memo and prescription enclosed)	

DECLARATION TO BE SIGNED BY THE STAFF MEMBER

I hereby declare that the statements made are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred, is wholly dependent upon me.

Date:

Signature

<p>Claim verified as per the record of administration. Certified for payment.</p>	<p>Rs(Rupees only)</p> <p>Head of Account Medical Reimbursement</p>
<p>Asst. Administrator Officer Date: Date:</p>	<p>Asst. Accounts Officer Date: Date:</p>

RECEIPT

Received with thanks from Accounts Officer, JNCASR a sum of Rs.
..... only) by Cash /
Cheque / D.D. in full settlement.

