



जवाहरलाल नेहरू उन्नत वैज्ञानिक अनुसंधान केंद्र

जक्कूर, बेंगलुरु - 560064 कर्नाटक, भारत

विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार के अधीन एक स्वायत्त संस्थान
सम विश्वविद्यालय संस्था

Jawaharlal Nehru Centre For Advanced Scientific Research

Jakkur, Bengaluru - 560064 Karnataka, INDIA

An autonomous institution under Department of Science and Technology, Govt. of India.
An Institution Deemed-to-be-University



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>			
Asst.	Administrator Officer	Asst.	Accounts Officer
Date:	Date:	Date:	Date:

Rs(Rupees
.....
..... only)

Head of Account
Medical Reimbursement

Asst.	Accounts Officer
Date:	Date:

Rs(Rupees
.....
..... only)

Head of Account
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Medical Reimbursement

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Date:	Date:

Rs(Rupees
.....
..... only)

Head of Account
Medical Reimbursement

Asst.	Accounts Officer
Date:	Date:

RECEIPT

Received with thanks from Accounts Officer, JNCASR a sum of Rs.

..... only) by Cash /

Cheque / D.D. in full settlement.