

**Government of West Bengal**  
**Personnel & Administrative Reforms Department**

**Application Form for medical re-imburement for A.I.S. Officers.**

1. Particulars of the Officer
  - a) Name (in Block letters) :
  - b) Service with year of allotment :
  - c) Designation :
  - d) Place of duty :
  - e) Residential address :
  
2. Particulars of the Patient
  - a) Name :
  - b) Relationship with the Officer :
  - c) Age :
  
3. Particulars of Treatment
  - a) Nature :
  - b) Place at which treated :
  - c) Period of treatment :
  
4. Particulars of attending doctors(s)
  - a) Name(s) of the Doctor(s) :
  - b) Address :
  - c) No. and dates of consultations :
  
5. Details of hospitalization, if done
  - a) Name of hospital / nursing home :
  - b) Period of stay in hospital /  
nursing home :

6. Details of claims (to be supported by each memos, vouchers etc.)

- A. (i) Cost of medicines - Rs.  
(ii) Charges of injections - Rs.  
(iii) Charges for diagnostic tests - Rs.  
(iv) Charges for special nursing - Rs.
- B. Consultation fee, if any, - Rs.  
( Actual to be supported by receipts)

Total claim - Rs.

(Rupees \_\_\_\_\_) only

C. Hospital / Nursing Home Charges (to be supported by Cash-memos, vouchers etc.)

- i) Rent for cabin / bed - Rs.  
ii) Surgical operation - Rs.  
iii) Diagnostic tests - Rs.  
iv) Medicines - Rs.  
v) Consultation fees - Rs.  
vi) Nursing charges - Rs.  
vii) Charges for special attendants - Rs.  
viii) Ambulance charges - Rs.  
ix) Any other charges - Rs.

Total hospital / nursing home claims- (Rupees \_\_\_\_\_)

Grand Total : - Rs. \_\_\_\_\_.

(Rupees \_\_\_\_\_) only

D E C L A R A T I O N

I hereby declare that the statements in this application are true to the best of my knowledge and that the person for whom medical expenses are claimed is wholly dependent on me.

Date :

\_\_\_\_\_  
Signature of the A.I.S. Officer

N.B. : please score cut whichever is not applicable.