



Domiciliary Claim Form(Employee Id :
2273401)
Claim No : D30082409162273401A002



Employee Details

Employee Id :	2273401	Employee name :	Bheemaraya A
EmailId :	bheemaraya.a@tcs.com	Mobile No :	7406604654

Patient Details

Name of Patient :	Bheemaraya A	Gender	M
Relationship :	Self	Age	25

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Respiratory diseases/Cold/Cough		
Name of treating doctor :			
Hospital Name :	venkateshwara clinic ,Electronics City, Bangalore,Karnataka,560100	Hospital Address :	venkateshwara clinic ,Electronics City, Bangalore,Karnataka,560100
Treatment Start Date	29-Aug-2024	Treatment End Date	29-Aug-2024

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	2161	29-Aug-2024	681	Pharmacy and Medicine

DISCLAIMER/TERMS OF AGREEMENT

All information provided in this claim form is true and correct. If it is found to be false and/or if it is proved that claim documents are manipulated then, I understand and agree that TCS can initiate appropriate disciplinary action which may also lead to termination of my employment with TCS.

Date	Employee Signature
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Date of Submission