14.09.2021

ONGC एमआरपीएल MRPL	**Claim Format for reimbursement of Medical Expenses**	Format No: HRD/F/17 Claim No. 202101068447 Claim Submitted date : 14.09.2021

Name:CHARAN KUMAR		Employee No:00010561
Designation:SENIOR MANAGER - INTERNAL AUDIT	Department:INTERNAL AUDIT	Grade:D
Place of Stay:Mangalore	Place of Treatment:	Room eligibilty :
Treatment Availed As:Payment made by Emp	Treatment Received at:Domicialary	
Hospitalized From Date: . .	Hospitalized To Date: . .	

Details of Treatment

Bill No.	Bill Date	Name Of Patient	Relation	Doctor/Hospital Name & Address	Details of Cash/Consultation/Medicine etc.	Amount (Paid directly to hospital/ Doctor/Pharmacy Shop)	Out Of Station From Date	Out Of Station To Date
131683	30.08.2021	CHARAN KUMAR	SELF	DR. ARPANDEV BHATTACHARYA	INSULIN	6,144.00		
73005266	11.09.2021	CHARAN KUMAR	SELF	DR. RAVICHAND	MEDICINE	1,850.00		

Total: 7,994.00
Amount in Words: SEVEN THOUSAND NINE HUNDRED NINETY-FOUR RUPPES AND ZERO PAISE

Declaration by the Employee:

I hereby declare that I have read MRPL medical rules applicable and acknowledge that the claim in compliance with rules. I also declare that amount has not been claimed from any other sources and I authorize MRPL to recover amount in excess of my eligibility, if any.

Date:_____ Sign of Employee _____ _____

I hereby declare that I have checked as per prescription and based on the employee's declaration.

CMO,MRPL Hospital/AMA**_____ Controlling Officer _____

Note:
**For other than Mangalore employees only.
***Approval from Competent Authority is required for more than 90 days claims.