

BITS, PILANI- K. K. BIRLA GOA CAMPUS
NH 17B, Bypass Road, Zuarinagar, Goa 403 726

MEDICAL REIMBURSEMENT - OPD (Form I)

Application for claiming refund of Medical expenses incurred in connection with medical attendance/or treatment of dependent family members of the BITS Pilani - Goa Campus.

Name : _____

GPSRN: _____

Salary : Rs - _____ p.m ☐ Basic + DA; ☐ Consolidated

DETAILS OF THE AMOUNT CLAIMED

No	Name of the Patient	Relation	Age	Bill No	Date	Amount	
1							
2							
3							
4							
5							
6							
7							
8							
9							
Grand Total							

Total Amount in words - Rs: _____

I certify that the claim is supported by doctor's prescription slip, bills/receipts and other certificates, etc

Date: _____

Signature of the Employee

(MEDICAL CENTRE - BITS PILANI GOA CAMPUS)

Certified that the claim is genuine and may be admitted.

Date: _____

Medical Consultant
Medical Centre

(For Finance office use only)

Please pay as per rules

Amount: Rs - _____ (in words) _____

Reference of Medical Claim Register: Page No _____ Sr. No _____

Finance Officer