



Domiciliary Claim Form(Employee Id :  
1776806)  
Claim No : D17082210351776806003



#### Employee Details

Employee Id :	1776806	Employee name :	Hemaraj Ganisetty
EmailId :	hemaraj.g@tcs.com	Mobile No :	9885490282

#### Patient Details

Name of Patient :	Hemaraj Ganisetty	Gender	M
Relationship :	Self	Age	23

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Injury/Fractures / Joint pains/ Bone related treatments  undefined		
Name of treating doctor :			
Hospital Name :		Hospital Address :	Jagjivan Ram Hospital (Railway), RAILWAY MARATHA MANDIR MARG, Mumbai,Maharashtra
Treatment Start Date	13-Aug-2022	Treatment End Date	17-Aug-2022

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	001	17-Aug-2022	696	Pharmacy & Medicine Charges

#### 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
Date of Submission	