



Domiciliary Claim Form(Employee Id :
172597)
Claim No : D0910190172597C001



Employee Details

Employee Id :	172597	Employee name :	Kumar Abhinav
EmailId :	kmr.abhinav@gmail.com	Mobile No :	9030094335

Patient Details

Name of Patient :	Eeshan Shrivastav	Gender	M
Relationship :	First Child	Age	3

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Swelling in Penis Swelling in Penis		
Name of treating doctor :	Dr Jamir Arlikar		
Clinic Name :	Rainbow Hospital Hyderabad	Clinic PinCode :	500090
Treatment Start Date	04-Jul-2019	Treatment End Date	02-Aug-2019

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	OCS3-00617985	04-Jul-2019	700	Consultant 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	