



Domiciliary Claim Form(Employee Id :  
924459)  
Claim No : D1406210924459F005



#### Employee Details

Employee Id :	924459	Employee name :	Jahangir Khan
EmailId :	khan.jahangir@tcs.com	Mobile No :	9748299879

#### Patient Details

Name of Patient :	Hushna Afza Begum	Gender	F
Relationship :	Mother	Age	51

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Tumour / cancer related ailments  undefined		
Name of treating doctor :	Aadil Adnan		
Clinic Name :	HCG EKO CANCER CENTER	Clinic PinCode :	700156
Treatment Start Date	02-Apr-2021	Treatment End Date	14-Jun-2021

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	0000123	02-Apr-2021	851	Pharmacy & Medicine Charges
2	0003042	01-May-2021	546	Pharmacy & Medicine Charges
3	0005761	29-May-2021	546	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	