



Domiciliary Claim Form(Employee Id :  
2383703)  
Claim No : D11032411502383703A002



#### Employee Details

Employee Id :	2383703	Employee name :	Nitin Joshi
EmailId :	nj88329@gmail.com	Mobile No :	8126329508

#### Patient Details

Name of Patient :	Nitin Joshi	Gender	M
Relationship :	Self	Age	25

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Dental related ailments and Non cosmetic treatments ( root canal, extraction only)		
Name of treating doctor :			
Hospital Name :	Vijay Dental Clinic,Srinagar (Pauri Garhwal),Pauri Garhwal, Uttarakhand,246174	Hospital Address :	Vijay Dental Clinic,Srinagar (Pauri Garhwal),Pauri Garhwal, Uttarakhand,246174
Treatment Start Date	10-Mar-2024	Treatment End Date	11-Mar-2024

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	644	10-Mar-2024	6300	OPD-Dental

#### 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	