



Domiciliary Claim Form(Employee Id :
1101019)
Claim No : D29062507411101019A145



Employee Details

Employee Id :	1101019	Employee name :	Partha Roy
EmailId :	parthas.roy1@tcs.com	Mobile No :	7439358514

Patient Details

Name of Patient :	Partha Roy	Gender	M
Relationship :	Self	Age	45

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Digestive system related ailments		
Name of treating doctor :			
Hospital Name :	At TCS kolkata office,Nabadiganta IT, North 24 Parganas,WEST BENGAL,700091	Hospital Address :	At TCS kolkata office,Nabadiganta IT, North 24 Parganas,WEST BENGAL,700091
Treatment Start Date	07-May-2025	Treatment End Date	29-Jun-2025

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	114	14-Jun-2025	65	Pharmacy and Medicine
2	TB/RAY/250511/45	11-May-2025	3530	Investigation and Labs

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	