



Domiciliary Claim Form(Employee Id :
2248520)
Claim No : D07092510482248520F006



Employee Details

Employee Id :	2248520	Employee name :	Sumit Aglawe
EmailId :	sumit.aglawe@tcs.com	Mobile No :	9156898066

Patient Details

Name of Patient :	Sulochana Pandurang Aglave	Gender	F
Relationship :	Mother	Age	49

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Heart related ailments		
Name of treating doctor :			
Hospital Name :		Hospital Address :	
Treatment Start Date	04-Sep-2025	Treatment End Date	04-Sep-2025

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	52583621	04-Sep-2025	400	OPD-Consultation
2	SL-3812	04-Sep-2025	1888	Pharmacy and Medicine
3	000000000012837	04-Sep-2025	950	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	