

FORM C**Application Form for settlement of claim for reimbursement.**

(See sub-clause (1) of clause 12)

(To be filled in by the applicant)

1. Identity Card (meant for the Scheme) No. :
2. Full name of the Govt. Employee with designation :
(in Block letters)
3. Full Address :
 - (i) Office :
 - (ii) Residence :
4. Name of the patient & relationship
with the Govt. Employee :
5. Pay (Basic + Dearness Pay) :
6. Name of the Hospital with address :
 - (a) OPD treatment & investigation
 - (b) Indoor treatment & investigation
7. Date of admission : _____ Date of discharge : _____
(in case of indoor treatment only)
8. Total amount claimed –
 - (a) OPD treatment :
 - (b) Indoor treatment :
9. Details of permission :
10. Details of Medical advance, if any :

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and the card issued under the Scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of the Govt. Employee