



Medical Welfare Scheme - 2022

Form No.02

OPD Reimbursement

Application for Reimbursement (To be submitted to the General Administration within 90 days)

Employee Number -

Name with Initials -

Division /Department /Faculty /Center -

Contact No Mobile Number -

Extension Number -

Scheme (Pl. Tick the box) - Individual Family

Reimbursement Type (Pls. Tick the box) -

Outdoor		Spectacles		Covid Test	
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Amount of claim (Rs) -

Date of Claim -

I certify above details are corrected and if any over payment paid to me , I consented to recover it from my salary or University Provident Funds.

Date -

Signature of the Applicant -

(Official Use Only)

Serial No-

To be filled by the committee

Requested amount (Rs) -

Approved amount (Rs) -

Reasons for Alteration / Rejection -

Signature of the committee -

1	2	3
4	5	6

Name -

Serial No -

Received Date -

Claimed Amount -

No of Attached Documents -

Signature of Subject Clerk -

(Note- Approving of claims and amount of claim shall strictly be based on the recommendation of the "Claim Evaluation Committee").