



Medical Welfare Scheme - 2024

Form No.02

OPD Reimbursement

Serial No.....

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

Name of the dependents & relationship -	Name	Relationship

Reimbursement Type (Pls. Tick the box) -

Outdoor	<input type="checkbox"/>	Spectacles	<input type="checkbox"/>	Covid Test	<input type="checkbox"/>
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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 -

Name -

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").