

CLAIM FOR REIMBURSEMENT OF MEDICAL BILL

1. Name of the applicant :
2. Father's Name :
3. Permanent Home Address :
4. Local address :
5. Contact No. :
6. Admission No. :
7. Class :
8. College :
9. Certified that the applicant was on the rolls of the college as a bonafide student during the period of this illness.

Tutor/Academic Branch/College of Agril./

Agril.Engg./Basic Scie./Home Sc./

Verty, Sciences/Animal Sc.

- i) Certified that the applicant was referred to _____ hospital is necessary facilities for X-Rays, Surgical operation did not exist in the HAU hospital.
- ii) The case required indoor treatment.
- iii) The treatment required the expert opinion.
- iv) O.P. D. Ticket No. _____ vide which reference was made to hospital.

For detail, please see overleaf

Senior Medical Officer

