

CCS HARYANA AGRICULTURE UNIVERSITY, HISAR

Form for Reimbursement of Medical Charges

Name & Designation of the employee claiming reimbursement with department: _____

Sr. No.	Name & relationship of the patient with the university employee (along with passport size photograph)	Disease as diagnosed by the authorized medical officer	Name of medicines on account of which the expenditure was incurred	Amount of the bill (Rs)	Place of posting	Reasons for incurring expenditure at place other than the place of duty posting	Particulars of treatment
1	2	3	4	5	6	7	8
	i) _____ Name of patient ii) _____ Relationship with the university employee iii) _____ Photograph of the patient						
	Above particulars attested						
	HOD						
	Countersigned						
	C.M.O.						

