

TECHNOLOGY DEVELOPMENT BOARD
Technology Bhawan, Block-II, 2nd Floor, New Mehrauli Road,
New Delhi – 110016

APPLICATION FORM FOR MEDICAL CLAIMS

(Application form for reimbursement of medical treatment undertaken by TDB employee's for self and dependent family members)

1. (a) Name of Employee:
- (b) Designation:
- (c) Pay Level:
- (d) Treatment for:

2. Details of the amount claimed

(a) Consultation fees:

S. No.	Name and designation of the Medical Officer	Name of hospital / Dispensary	Date	Amount
1.				
2.				
3.				
4.				

(b) Laboratory charges:

S. No.	Name of Lab	Name of Test	Date	Amount
1.				
2.				
3.				
4.				

(c) Medicine: (enclosed cash memo and prescription of Medical Officer)

S.No	Name of Store	Name of Medicine	Date	Amount
1.				
2.				
3.				
4.				

3. Total amount claimed:

4. List of enclosures:

DECLARATION AND CERTIFICATE TO BE SIGNED BY THE TDB EMPLOYEE

I hereby declare that the above statement is true to the best of my knowledge and that person for whom medical expenses were incurred is wholly dependent upon me.

It also certified that I (name) am not availing any medical facilities or medical allowances in lieu thereof either for myself and / or dependent members of my family from any other source other than under this office

Dated.....

Signature of the Employee

Place :.....