

**BOSE INSTITUTE**  
CALCUTTA  
**Form for Application of Medical Claim**  
*(self and their families)*

Claim for the month of .....20.....

1. Name and Designation :
- i) Wheather married or unmarried :
  - ii) If married, Office in which  
Wife/Husband is employed :  
Office address :

2. Pay :

3. Residential Address :

4. i) Name of patient :
- ii) Relationship ( in case of  
children ), state age :  
In case of parents  
state monthly income :
  - iii) Nature of illness :

5. Place at which the patient  
fell ill :

6. Details of Amount claimed :

PART-I Hospital treatment (In-door)

- i) Name of recognised hospital :
- ii) Period of treatment from ..... to .....  
(Attach hospital certificates)
- iii) Charges :

a) Accomodation ..... Rs.

(Attach Vouchers in case where standard of accommodation is  
higher than his/her status, attach a certificate )

b) Surgical operation or Special treatment Rs.

c) Details of pathological, bacteriological, radiological or other  
similar test and name of hospital or laboratory at which  
undertaken, also attach advice of M.O. – Incharge of the  
case at the hospital Cost .... Rs.

d) Medicines .... Rs.  
( Cash Memos and E.C. should be attached )

**C/O.** \_\_\_\_\_

B/F... Rs.

Hospital treatment (indoor) under **PART-I**

iii) Charges (continued)

e) Any other charges, such as Ambulance, Special diet, nursing etc.  
(Vouchers and Certificates should be attached)

Rs.

**PART-II Treatment as Out-door Patient in Hospitals**

i) Name of the Hospital :

ii) Out-door Ticket No. :

iii) Period of treatment : From ..... to .....

iv) Charges :

a) Cost of Medicines

Rs.

b) Pathological, bacteriological, radiological  
or similar other tests (in details)

Name of the hospital or laboratory  
at which undertaken :

(Vouchers, Doctor's advice and  
E.C. should be attached).

Cost.... Rs.

c) Any other changes ..... Rs.

**PART-III** Special cases where treatment was received at  
Nursing Home/Private Hospital other than recognized one

(Reimbursement of Medical Expenses in these cases  
will be considered by the Director, Bose Institute  
on satisfying himself about the merit and  
essentiality of each case)

i) Consultation Fees ..... Rs.

ii) Name of Doctor and Registration No.  
and Hospital to which attached .....

iii) Date(s) of consultation :

iv) Name of Nursing home/ Private Hospital :

v) Accommodation period from .....to .....

Total ..... on days.

Charge @ Rs. .... per day

vi) Surgical Operation	....	....	Rs.
vii) Pathological and other similar tests	....	....	Rs.
viii) Medicines	....	....	Rs.
ix) Any other charges	....	....	Rs.

**Note- I**

Suitable justification and medical certificate of the Doctor attached to the Nursing Home/Private hospital to the effect that the patient could not be Admitted in any recognized hospital and the case referred to by him to nursing home/private hospital considering essential for the prevention of serious deterioration in the condition of the patient.

**Note-II**

All Cash Memos, duly countersigned by the attending Doctor with E.C. should be attached.

9. Total Claim	....	....	Rs.
10. Detailed list of enclosures :			

**--DECLARATION--**

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

Full signature of the employee:

.....

Department : .....

Date: .....