OIL AND NATURAL GAS CORPORATION LTD

MEDICAL REIMBURSEMENT BILL

{to be used by retired employees only for online claims through webice}

MEDICAL SUBMISSION NO (Pl. indicate the no. generated by system) :		TREATMENT: INDOOR / OUT DOOOR

CPF No: ______ **Name:** ______

Last Designation:		ORG.UNIT	PLACE:
Mobile No:		E-mail.	
ADDRESS			

Sl.No	Name of the patient	Age	Relatio-nship	Nature of illness	Name of Doctor / Specialist	Amount claimed	For Office Use only
1							
2							
3							
4							
5							
6							
7							
8							
	Amount Claimed (in words)				Total		

Certified that – (a) the claim is as per actual expenditure incurred.
(b) the person for whom expenses have been incurred is dependent on me.

Date: (Signature of the retired employee)

Passed for payment of Rs. ________
(Rupees________________
____
________)

Date: (Signature)
Finance Officer

Sanctioned subject to admissibility & verification by M.O. or Medical section and pre-audit.

Date: (Signature)
O/o SEE

Claim verified and recommended for payment of Rs.

Date: (Signature)
I/C-Medical Section

(Contd..Page… 2…)

DETAILS OF ENCLOSED CASH MEMOS / RECEIPTS

Name of patient	Claim Type 1. Consultation 2. Test/investigation 3. Medicines. 4. Procedure	Cash memo No.	Bill Date	Bill Amount (Rs.)	Sub-Total for each Individual (Rs.)	Cash memo placed at sl.no.	For Office Use only	
							Passed for	Deduction particulars

I have entered in the webice and submission no... is generated. I am forwarding the above original documents along with a copy of Doctor's prescription / advise for reimbursement of the .... no of bill(s) for an amount of Rs....................../-

Date:

(Signature of retired employee)
CPF No.

Note: (The duly filled-in application along with enclosures may be sent to I/c Separated Employees Esablishment., ONGC, concerned work centre address).

PLEASE RETAIN PHOTO COPIES OF THIS CLAIM.