

**Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner (MSME)**

MEDICAL REIMBURSEMENT CLAIM

CHECK-LIST TO BE FILLED IN BY THE CLAIMANT'S (IN TRIPLICATE)

(ONLY TYPED FORMS WILL BE ACCEPTED)

1. Name of the employee :
2. Designation :
3. Place of posting :
4. Basic pay :
5. Entitlement :
6. Residential Address :

7. Whether CGHS beneficiary : Yes/No
6. GGHS Token No
8. Claimed for whom (name)
9. Relationship
10. Treatment taken in Govt. Hospital/ Referral Hospital/ Pvt. Recognised Hospital
- if otherwise, specify

11. If Pvt. Recognised Hospital, whether prior Yes/No
permission of Department taken
- if yes, No. and Date

12. Nature of Ailment

13. Package deal? Yes/No
14. Indoor/Outdoor
15. Duration of treatment (Date from –to)
16. Whether submitted within the prescribed time limit Yes/No
- if no, reason thereof

17. Essentiality Certificate duly filled in and verified (3 copies)

18. Med'97 form, duly filled in and verified by the physician (3 copies)

19. Cash Memos/Bills/Receipts etc. verified (3 copies)

List of tests/examinations/investigations/medicines/any other items for which reimbursement being claimed (along with the amount claimed) :-

Items	Amount	Admissible Amount (To be filed in by Office)