

FORM NO.VIII

(See rule 9)

Application form for Grant of Medical Facility

1. Name and Address of the Member
(in Block Letters)
2. Age and date of birth of the Member
3. Date of enrolment of Member in the fund
4. Name and address of the patient showing
his relationship with the Member
5. Name and Address of the medical
Practitioner who was attending the patient.
6. Detail regarding the disease and period of
Treatment in Hospital or as outdoor patients
7. Total amount incurred for the treatment
(With Proof)
8. Original medical bills in detail date wise,
Duly authenticated under the signature
and stamp of the medical practitioner/
Government Hospital with a certificate of
reimbursable of medicines
9. Date of grant of medical facility
(if earlier availed)

DECLARATION

I.....
do hereby solemnly affirm that the particulars furnished above are true and correct.

Place:

Date:

Signature of the Applicant

Certificate of Doctor

1. Certified that Sh. _____ Advocate S/o Sh. _____
remained under my treatment as indoor/outdoor patient from _____ to _____
2. He/She was suffering from _____
3. Certified that the treatment as indoor/outdoor was necessary
4. Certified that the medical charges are cheaper/ effective
5. Certified that the prices of the claim/Medicine is reasonable
6. Certified that the medicine are not in the nature of tonic the cost of which is not reimbursable under the Government instructions.

Signature
of the Medical Practitioner/ Doctor
with Seal