

**INDIAN INSTITUTE OF TROPICAL METEOROLOGY,PUNE 411 008**

**PENSIONERS MEDICAL SCHEME**

**Application form for Medical Claim.**

1. Name of the Pensioner :
2. Basic Pay + D.P. at the time of retirement . :
3. Basic Pension before commutation :
4. Name of the Patient and his/her relationship to the Pensioner (In case of children state age and whether employed or not employed) :
5. Residential Address and Telephone No/Mobile No :
6. Place where the patient fell ill. :
7. Name and address of the Hospital where OPD/Indoor treatment taken. :
  - a) Fees for consultation indicating Number and date of consultation / Consultation for specialist
  - b) Whether injection were had at the Hospital /at the consulting room of the Medical Officer
  - c) Charges for pathological, bacteriological Radiological or other similar tests undertaken During diagnosis indicating .
8. Cash memos indicating the cost of medicine :

Attach Essentiality Certificate receipt for charges for Essentiality Certificate.

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9. Total amount Claimed :  
10. List of enclosures :

Date :

Signature of Pensioner

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**For Office use**

Amount Claimed : Rs.  
Less amount disallowed : Rs.  
Admitted for reimbursement : Rs.

Accounts Officer