


KUVEMPU UNIVERSITY

FORM - " C "

[vide rule - 15(3)]

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES
(Separate form should be used for each patient)

1	Name and Designation of the University Employees(in Block Letters)	
2	Office in which Employed	
3	Salary	
4	Place of duty	
5	Full residential Address	
6	Name of the patient and his/her Relationship to the University employee Note: in the case of children stage age also	
7	Place at which the patient feel ill	
8	Nature of illness and its duration	
9	Details for the amount claimed	
10	Total amount claimed	
11	List of enclosures	

DECLARATION TO BE SIGNED BY THE UNIVERSITY EMPLOYEE

I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a member of my family as defined under the Kuvempu University Employee (Medical Attendance) rules and is wholly dependent upon me.

Signature of the University Employee

I certify that Mrs. / Mr. Miss _____

Wife/Son/Daughter of Mr. _____

employed in the Office of _____

has been under my treatment for _____ disease from

_____ to _____ at the

Hospital

My consulting room

and that the under mentioned medicines prescribed by me in this connection were essential for the _____ recovery _____ in condition of the patient. The medicines are not prevention of serious deterioration

stocked in the _____ Hospital _____
for supply to private patients

and do not include proprietary preparations for which cheaper substances of equal the therapeutic value are available not preparations which are primarily foods, tonics, or disinfectants.

Name of Medicine

Price

Rs.

Signature and Designation
of Authorized Medical Attendant

Signature of the Medical Officer
incharge of the case at the Hospital

Date: _____