

THE CHIEF/SENIOR/BRANCH MANAGER,
Bank of Baroda,BRANCH: _____
Br. ALPHA: _____**Re:- REIMBURSEMENT OF DEEMED HOSPITALISATION (DOMICIALIARY TREATMENT) EXPENSES UNDER BOBOSR / BPS.**

I, Mr./Mrs./Ms. _____ apply for reimbursement of the following expenses incurred by me for myself / my _____ Mr./Ms. _____ is wholly dependent on me in respect of his/her Deemed Hospitalization (Domiciliary treatment)

Name / Nature of Disease: _____

Treatment period from _____ to _____

Name of Hospital / Doctor: _____

Details of Medical Expenses	Amount claimed (₹)	Amount Reimbursed (₹)	Remarks by HRCPC
1. Consultation Fees.			
2. Sub-Consultation (Follow up) charges.			
3. Medicines purchased from Clinic/Hospitals.			
4. Medicines from Medical Stores.			
5. Laboratory Investigation charges.			
6. X-ray & Other Diagnostic Charges.			
7. Any other Charges (Please Specify).			
TOTAL			

The related **ORIGINAL** Medical Bills (Excluding tonics & vitamins etc.), Vouchers, Receipts etc. & copy of Doctor's Certificate, Prescriptions, Lab reports, X-ray reports etc. are enclosed.

I undertake that the above information is correct to the best of my knowledge.

Name of the Employee: _____ E.C.No. _____

Designation: _____ (BRANCH HEAD/Officer/Clerk/Sub Staff), Date of Joining: _____

Yours Faithfully,

Signature of applicant**FOR BRANCH / OFFICE USE ONLY**

CERTIFIED THAT THE CLAIM OF THE ABOVE STAFF MEMBER IS SCRUTINISED AND FACTS STATED IN THE CLAIM ARE CORRECT AND IS ELIGIBLE FOR REIMBURSEMENT OF THE MEDICAL EXPENSES UNDER THE BOBOSR / BPS.

Recommended / Sanctioned

Claim Passed for ₹: _____

Chief/Senior/Branch Manager

Amt. credited to his/her SB/SOD account No. _____ on _____

Date :

Place :