

BHABHA ATOMIC RESEARCH CENTER

(Contributory Health Service Scheme)

APPLICATION FOR CLAIMING REIMBURSEMENT OF EXPENSES ON PURCHASE OF MEDICINE ETC RECOMMENDED BY CHSS MEDICAL CENTERS/DOCTORS (OTHER THAN UNDER LES)

Part-I –To be filed by the Applicant

Name of the Prime Beneficiary	Unit from which Retired	CHSS Number
Name of the patient and relationship	Address and Telephone No., if any	

Details of expenses

Sl No.	Cash Memo			Name of Medicine	Medicine prescribed by Dispensary/Hospital
	Number	Date	Amount		Name of Medical Shop

Signature of applicant
Date:

Enclosures: 1. Prescription
2. Cash Memo ()

Medical Officer In-charge

Disp	
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Unit, BARC Hospital	
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Part-II-To be filled by Medical Officer, CHSS Dispensary / BARC Hospital

Amount Claimed	Details of amounts disallowed		
Rs.	Amount	Name of Medicine	Reason
Amount approved			
Rs.			

The items allowed of reimbursement are not purely food/disinfectants/toilet articles but are ethical products from the medical point of view.

M. O. In-charge

Head, Medical Division

Disp. _____ Units, BARC Hospital

A.A.O. (M)

(of retired employees)

RECEIPT

CHSS No. _____

Date: _____

Received from Accounts Officer, BARC, Trombay, Mumbai 400065 a sum of Rs. _____ (Rupees
_____ towards cost of medicine/CHSS Bills due to me.

Name of Bank _____ Branch, Address _____

S/B Account No. _____

Please affix Revenue stamp of Rs. 1/-
If the claim exceeds Rs. 5000/-

Signature:
Name:

P.T.O.

Part-III-For use in Accounts Division

Admitted and passed for payment of Rs. _____

DA / AA

A. A. O.

(reimb-retired)