



पीईसी लिमिटेड : नई दिल्ली
PEC LIMITED : NEW DELHI



FORM FOR MEDICAL ADVANCE FOR IPD IN EMPANELLED HOSPITALS ONLY

Employee No.	Name of Employee	Designation	Division	Scale of Pay (₹)	Medical Card No.

Details of Patient(s)

Name of Patient(s)	Age	Relation

Details of Advance

	By Patient	By A&E
Empanelled Hospital/Clinic (Y/N)		
Details of Treatment required		
Enclosed Documentation from Hospital/Clinic for Treatment (Y/N)		
Estimate (₹)		
Enclosed Documentation from Hospital/Clinic for Estimate (Y/N)		
90% of Estimate (₹)		
Entitlement Ceiling (EC) (₹)		
For Retd. Emp: 75% of EC in case of demise of spouse		
IPD Amount claimed earlier in FY (₹)		
Amount admissible (₹)		
Cheque to be made in favour of		

Declaration:

- ✓ I am not claiming any medical reimbursement from anywhere else including medical insurance.
- ✓ I hereby declare that statements are true to the best of my knowledge and belief and the person(s) for whom expenses were incurred is/are wholly dependent upon me.

Applicant's Signature:-

Date:-

Pay ₹:-	Signature	Name	Designation	Date
Checked by DM (F&A):-				
Approved by M (F&A):-				
Approval of HOD, Personnel				
Approval of Director (if applicable)				
Approval of CMD (if applicable)				

*Original to Finance (A&E); Sanctioned Copy to Employee, Personnel Division (Medical File)