



पीईसी लिमिटेड : नई दिल्ली  
PEC LIMITED : NEW DELHI



FORM FOR MEDICAL REIMBURSEMENT FOR IPD

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 Reimbursement

	By Patient	By A&E
Empanelled Hospital/Clinic (Y/N)		
Details of Treatment taken		
Bill No. & Date		
Enclosed Documentation from Hospital/Clinic (Y/N); Type		
Amount claimed (₹)		
Amount applicable at 100% for empanelled & Sir Ganga Ram's/St. Stephens; 90% of bill amount and subject to entitlement; Deduction of applicable taxes where CCIT Certificate is not enclosed		
Entitlement Ceiling (EC)		
For Retd. Emp.: 75% of EC in case of demise of spouse		
Amount reimbursed this FY		
Amount available for reimbursement		
Final Amount to be reimbursed		
Enclosed Certificate from CCIT in case of non-empanelled hospital (Y/N)		
Submitted Affidavit (Y/N)		
Taxes		
Approving Authority		

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)