# RECOMMENDATION FOR MEDICAL REIMBURSEMENT

1. Name of applicant :

2. a) Applicant's designation :

   b) Name of office :

3. Whether Government Employee or :

   Aided School Employee and the

   Rule of K.E.R opted :

4. Whether part time/full time :

5. Name of person under treatment :

6. Relationship, if the person is

   dependent on the applicant :

7. Occupation of dependent :

8. Amount of the bill :

9. Name, Designation and address of medical attendant. :

   If the medical attendant is not the head of the institution,

   please state whether the non-availability certificate etc

   furnished by the R.M.O./Superintendent :

10. Nature of disease :

11. Period of last treatment : From To

12. Period of present treatment : From To

13. Whether hospitalised or treatment as outpatient or :

    treatment as the patient's residence

14. Date of receipt of application by the

    Head of the office :

15. Remarks of the Educational officer/R.M.O./H.M :