

Annexure-I

**APPLICATION FORM FOR SUBMITTING OPD MEDICAL CLAIM FOR  
REIMBURSEMENT UNDER THE ANNUAL CEILING**

**DELHI URBAN SHELTER IMPROVEMENT BOARD**

Application form for submitting OPD Medical Claim for under the Annual  
Ceiling for the year ..... P.P.O. No.....

1.	Medical Health Card No.	
2.	Name of Employees/Pensioner & Family Pensioner	
3.	Designation	
4.	Father/Husband's Name	
5.	Phone/Mobile No.	
6.	Pay Matrix Level & Grade Pay	
7.	Amount of entitlement under the Annual Ceiling	
8.	Amount of OPD Claim (Please attach details/statement of all vouchers/original cash memo's & prescription)	
9.	Please Attach Copy of the Medical Health Card & Medical Contribution	
10.	Bank Name & A/C No. with IFSC Code	

I hereby declare that statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a DUSIB health Scheme beneficial and the DUSIB health Card was valid at the time of treatment. I agree for the reimbursement, as is admissible under the rules.

Date :

Sig. of the Claimant

A.O. (Medical)/DDO concerned.

Pay Order

Please Pay .....

Rs.....)

To

Sh.Smt.....

A.O. (Medical)

A.A.O (Medical)

D.A. (Medical)

**Details/Statement of all vouchers of OPD Claim for Rs. ....**

<b>S. NO.</b>	<b>Amount</b>	<b>Date</b>	<b>Cash Memo / Receipt No.</b>	<b>Name of Doctor / Lab &amp; Hospital</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
<b>Rs..</b>				

**Sig. of the Claimant.....**

**Name.....**