FORM OF SUB-REGISTER IN RESPECT OF INDIVIDUAL CENTRAL GOVERNMENT SERVANTS CLAIMING REIMBURSEMENT OF MEDICAL CHARGES

Reimbursement of Medical Charges

NAME OF THE GOVT. SERVANT& DESIGNATION-

DATE OF CLAIM-

Sl. No.	Name of the patient	Relationship with the Govt. Servant.	Name of the disease	Name of the Doctor	Consultation Fees	Injection fees	Total

Period of Claim	Name of Chemist	Cost of Medicine Purchased	Amount passed for payment	Progress			