

JEEVAKARUNYA CHARITABLE TRUST

CATHOLIC TEACHERS GUILD –IDUKKI CORPORATE EDUCATIONAL AGENCY SNEHANIDHI- MEDICAL AID SCHEME

APPLICATION FOR MEDICAL REIMBURSEMENT

1. Name of Student:
2. StandardDivision.....
3. Name of School:
4. Nature of sickness
5. Name of Hospital:
6. Date of Admission:
7. Date of Discharge:
8. Details of expense: Total Expense.....
 1. Room/Bed rent:
 2. Laboratory expenses:
 3. Medicine expenses:
 4. Treatment charges:
9. Date of payment of Last premium:
10. Total amount paid so far:
11. Details of previous claim if any
 1. Nature of sickness:
 2. Date of payment:
 3. Amount:
12. Name and signature of the parent.....

I hereby certify that the above mentioned facts are true to the best of knowledge and that I have verified the genuineness of the bills produced and found them correct.

Place/Date

Name and Signature of Headmaster

Office Remarks: