

**J A M I A H A M I D A R D**

Hamdard Nagar, New Delhi-110062

**Form of Application for Medical Claim  
(OPD)**

1. Name of Employee.....  
2. Designation..... 03. Deptt./Faculty.....  
3. Pay (BP+GP) Rs..... 05. Marital Status.....  
4. Residential Address.....

**Information of Patient**

07. Name of Patient.....  
08. Relation with Employee..... 09. Age.....  
10. Marital Status (for son/daughter)..... 11. Monthly Income (if any).....  
12. Occupation of patient.....  
13. Place at which patient fell ill.....

14. Nature of illness.....  
15. Medical Officer Consulted.....  
16. Hospital/Dispensary/Clinic.....

**17. Details of consultation**

Date/CR	Amount (Rs.)	Date/CR	Amount (Rs.)
.....	.....	.....	.....
.....	.....	.....	.....

**18. Details of Pathological Tests**

Date/CR	Amount (Rs.)	Date/CR	Amount (Rs.)
.....	.....	.....	.....
.....	.....	.....	.....

**19. Cost of Medicines consumed**

Date/CM	Name of Medicines	Amount (Rs.)
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total amount claimed (17+18+19)= .....