

**BHARAT PETROLEUM CORPORATION LTD.
(A Government of India Enterprise)**

**BHARAT PETROLEUM WORKMEN'S MEDICAL BENEFIT
SCHEME FOR – III**

CLAIM FORM

Serial No. _____

Through : _____

Name of Workman : _____ EDP No. _____ Where Posted _____
Month to which the claim relates : _____ Department : _____

(PS : Additional sheets may be used if all the particulars can not be incorporated in this Form)

Particulars	1	2	3	4	Total
Name of Patient					
Name of illness					
Name of Doctor					
Name of Specialist					
Details of Expenses					
	Rs.	Rs.	Rs.	Rs.	Rs.
A. Professional Fees Voucher Nos.					
P.1					
P.2					
P.3					
P.4					
Total Professional Fees - A					
B. Medicines / Injections Voucher Nos.					
M.1					
M.2					
M.3					
M.4					
M.5					
M.6					
M.7					
M.8					
M.9					
M.10					
M.11					
M.12					
Total Medicines / Injections - B					

Particulars	1	2	3	4	Total
C. Investigation Expenses					

Pathological					
X-Ray					
ECG					
Others					
Total Investigation Expenses - C					
D. Hospital / Nursing Home Expenses - D					
E. Surgical Expenses - E					
F. Any other Expenses (Give full details)					
Total Claimed	1	2	3	4	Total
A + B + C + D + E + F	Rs.	Rs.	Rs.	Rs.	Rs.

I confirm that the expenses shown above have actually been incurred by me in connection with the treatment of the person/s mentioned in this claim Form.

Date : _____

Signature of Workman

Total Expenses Sanctioned	1	2	3	4	Total
	Rs.	Rs.	Rs.	Rs.	Rs.

Reimburse Rs. _____

(In words) _____

For CH. MGR. (HRS) IN-CHARGE, WEST

Date _____