FORM OF APPLICATON FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES IN CONNECTION WITH TREATMENT OF A,B,C or D GROUP GOVERNMENT SERVENT OF TAMIL NADU GOVERNMENT AND OTHER ENTITLED PERSONEL AND THEIR FAMILIES

1.	Name and Designation of the Government Servant ***[in block letters]***	:	
2.	Office in which employed	:	
3.	Whether the applicant belongs to the Group A/B/C/D	:	
4.	Residential Address	:	
5.	Name of the patient and his/her Relationship to the Govt. Servant	:	
6.	Period of treatment	:	
7.	Nature of Illness	:	
	i) Cost of Medicines purchased from the market list of medicines cash memos and essentially certificate should be attached.	:	
	ii) Other charges	:	
	Total	:	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

Station:

Date: Signature