

ANNEXURE XXXII

APPLICATION FOR REIMBURSEMENT OF
EXPENSES INCURRED FOR DIAGNOSTIC TESTS UNDER UBTIREMAS.

1.	Name of the Primary / Secondary Member	:	
2.	Designation at the time of Retirement	:	
3.	Employee Number	:	
4.	Membership Number of Family Unit	:	
5.	Nominated branch	:	
6.	S.B. Account Number at nominated branch	:	
7.	Expenses incurred on whom (Mention name and also mention whether Primary Member or Secondary Member)	:	
8.	Nature of Diagnostic Tests undergone with amount incurred ECG, Stress Test, X-ray, City Scan, MRI Scan, ESR, Urine Test, Hematology, Blood Sugar, Blood Cholesterol, CBC, Lipid Profile, Serum Triglyceride, SGOT, SPOT, LDH, any other test (indicate the nature of test)	:	Amount (in Rs.)
9.	Name of Diagnostic Centre Details of Bill for which reimbursement is sought for	:	Bill No.: Dt: Amount: Rs.
10.	Amount of reimbursement towards Diagnostic Expenses already received under the scheme during the financial year _____ for self / spouse (the amount should not exceed Rs.1,000/- for financial year or during the currency of membership)	:	For self Rs. _____ For Spouse Rs. _____ Total Rs. _____ =====
11.	Amount of reimbursement requested	:	Rs. _____

I certify the correctness of information given herein above. All Bills/Certificates/Vouchers/Cash Memos in respect of expenses incurred as reported in Column No. 9 & 14 are enclosed.

Place:

Signature of the
Primary/Secondary Member

Date:

APPROVED / DECLINED

Sanctioned Rs. _____ to Shri / Smt. _____, Membership No. _____
_____ under UBIREMAS which may be credit to his/her S.B. A/c. No. _____
_____ with _____ Branch (Nominated Branch)

REGIONAL HEAD
REGIONAL OFFICE, _____