

NATIONAL HIGHWAY AUTHORITY
Admn Wing (Welfare Section)

MEDICAL REIMBURSEMENT PROFORMA

1. Employee's Name _____ 2. Father's Name _____

3. Designation _____ 4. BPS _____

5. Project (from where salary drawn) _____

6. Date of Appointment _____

7. Nature of Appointment (Tick the relevant):

Regular	Contract	Deputation	Consultant

8. Period of Contract / Deputation. From _____ To _____

9. Region / HQ _____ 10. Section _____ Wing _____ Project _____

11. Place of Posting with full office address _____

12. Office Address: _____

13. Telephone No. (Office) _____ Mobile No. _____

14. Medical Option (Tick the relevant):

Medicine	Medical Allowance

15. Medical Option (Tick the relevant) Medicine / Medical Allowance

DETAIL OF EXPENDITURE

Lab Charges	Medicine Charges	Hospitalization	Consultation	Total Amount

Following Documents Attached.

- i. Original Bills, Cash Memos, Admission & Discharge Certificates, all relevant reports / documents duly verified by CMO / MO.
- ii. Copy of Medical Book (Dependent List & last entry) duly attested by concerned officer.
- iii. Copy of Pay Slip.

Note:- No column should be left blank.

Signature of Employee _____

Date _____

Verification of CMO/MO (duly stamped)

Officer In-charge (Name & Designation)

Assistant Director (Welfare) NHA HQ