

**REIMBURSEMENT CLAIM FORM FOR OPD
MEDICINES SPECIAL SANCTION IN VIEW OF
COVID 19**

(Railway Board's letter No. 2020/H-1/7/3 dated 05.05.2020 & N.Rly. HQ/BH's letter No.43
Med/H&FW/Health Education dated 6.5.2020.)

1	Name of the Railway/Retired Employee : (In BLOCK letters)	
2	Designation of the Railway/Retired Employee : (IN BLOCK letters)	
3	Office and Station of Employment:	
4	Pay/Last Pay of the Railway/Retired employee including Grade pay:	
	Residential Address :	
	Phone No.	
I.	a. Medical Card/RELHS No. _____ and Issuing authority _____	
	b. UMID ID No.	
	c. UMID/Medical I Card/RELHS registered at Health Unit/Hospital	
II.	a. Name and age of the patients _____ age:	
	b. Patients' relationship to the Rly/Retd Employee _____	
III.	Details of treatment and medicine purchased by claimant: Enclose as Annexure	
	a. Amount of Total Medicine bills : Rs.	
	b. Whether treatment was taken in at Rly Establishment or Non-Rly. If so give details : _____	
IV.	Total amount claimed : _____	
V.	Details of Bank Account where Reimbursement amount is to be paid	
	a. Name of Bank :	
	b. Account No.	
	c. Branch MICR Code :	
	d. IFSC Code :	
	e. For working staff/Officers	
	i) Bill Unit No.	
	ii) PF No/NPS NO.	

	f. For Retd. Staff/Officers : 1. PF No. 2. Pan No.
VI.	List of enclosures (Please tick the documents attached and write additional documents)
	i. Photocopy of Medical I Card/RELHS Card/UMID card duly self attested.
	ii. Declaration of certificate
	iii. Original bills and photocopy of prescription duly self-attested.
	iv. Original cash vouchers of drugs duly self-attested
	v. Enclose ECS form and any other enclosure.....(in case of many enclosures, write number of additional enclosures here and attach a separate sheet with details.

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

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 upon me & entitled for treatment in Railway. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS card/UMID card. I hereby declare that this is my final claim and I shall not make any claim in future to Railway or any Health Scheme in respect to this treatment period. I do hereby declare that I have not taken medicine for this period from any Railway Health Establishment anywhere in India.

Date: _____ Signature of Railway Employee/Claimant _____

Place: _____

**Declaration Certificate for OPD medicines special sanction in view
of COVID 19 Issued by Hospital-in charge of Authorized Signatory
Railway Board's letter No. 2020/H- 1/7/3 dated 5.5.2020**

I certify that Shri/Smt/Kumari _____

Wife/Son/Daughter/Dependent relative of of Shri/Smt. _____

_____ Employed/Retired in Indian Railway as _____

_____ has been under treatment at

_____ He/she is suffering from _____.

The medicines prescribed to the employee are appropriate and essential. He/ She has not been issued medicine from this Railway Establishment for the period claimed.

Signature of the treating doctor

**Signature of Hospital – In charge or
Authorized Signatory with Stamp/Seal**

Date: _____

Place: _____

In case the beneficiary has Medical Insurance Policy and intend to make claim for the treatment in question then he/she may make claim to Insurance Company first and then submit claim to Railway with documents bills etc. attested by Insurance Company.

DATA FORM FOR ECS/EFT

Sr. No	Particular's	Required information
1	Name of the party (Pensioner/Family Pensioner)	
2	Full Address	
3	Bank Name	
4	Bank address & telephone no.	
5	MICR code	
6	RTGS/IFC code	
7	A/C no.	
8	Type of A/c	
9	PAN No.	
10	Folio No.	

Signature of Railway employee/Claimant