APPENDIX 'E'

MEDICAL REIMBURSEMENT FORM

(Issuance of this form does not imply acceptance of the liability)

1. Name of Advocate :-_____

2. Father's/Husband's Name :-_____

3. Enrolment no. with Punjab and Haryana Bar Council:-_____

4. Membership no. With the Punjab and Haryana High Court Bar Association :-

_____

5. Correspondence Address :-_____

6. Permanent Place of Practice :-_____

_____

_____

7. Subscription of the Bar Association paid upto _____month of 200

8. Date of admission in the Hospital :-_____

9. Date of discharge :-_____

10. Nature of ailment :-_____

11. The period of Hospitalisation :-_____

12. Name of the Hospitalisation/Dispensary/ Institution Nursing Home/ Clinic etc.:-

_____

_____

13. Give the following information:-

a) Date of commencement of treatment .:-_____

b) Date of completion of treatment._____

c) Name and Address of attending medical practitioner.:-_____

d) Telephone No.:-_____

e) Registration no.:-_____

15. Schedule of expenses incurred by the claimant under Hospitlisation :-

_____

_____

_____

APPENDIX 'H'

Affidavit

I _____ s/o _____

r/o _____ do hereby solemnly affirm and declare as under:-

1. That I am a member of the Punjab and Haryana High Court Bar Association.
2. That my enrolment No. is _____ with the Punjab and Haryana Bar council and Membership no. is _____ of the Punjab and Haryana High Court Bar Association.
3. That the contents mentioned in the application Appendix 'E' are true and correct.
4. That the deponent has not made and accepted any claim of Medical Reimbursement of this ailment regarding which the present claim has been submitted from any Govt. or semi Govt. or autonomous body or any other organization in lieu of previous employment.
5. That I am deposing through this affidavit without any force, coercion, pressure and fraud but with my own sweet will and volition.
6. That I am not entitled to Medical Reimbursement under any Govt. Semi Govt./Autonomous body or any other organization.

Place: Deponent

Dated:

Verification :-

Verified that the contents of para no.1 to para no.6 of my affidavit are true and correct to the best of my knowledge belief and nothing has been concealed therein.

Place: Deponent

Dated:

(* in case this space short, additional sheet may be attached.)

In support of the claim, I enclose the following documents (please indicate by)

1. Bill, receipt and discharge certificate card from the hospital.
2. Cash Memo from the hospital/chemists(s) supported by proper prescription.
3. Receipt and pathological test reports from a pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such pathological tests.
4. Surgeon's certificate stating the nature of operation performed and Surgeon's bill and receipt.
5. Attending Doctor's / Consultant's / Specialist's / Anesthetist's bill and receipt and certificate regarding diagnosis.
6. In case of domiciliary hospitalization, receipt from a qualified nurse who attended the patient at his / her residence duly supported by a certificate from attending Medical Practitioner.
7. Certificate from the attending Medical practitioner giving reasons for allowing treatment at home.
8. Certificate from the attending Medical Practitioner / Surgeon that the patient is fully cured.

I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I Have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited.

Place :

Dated:

Signature of the Claimant