

To,
The Assistant Registrar (General Administration)
IIT Roorkee, Roorkee-247667
Distt.- Haridwar (Uttarakhand)

Sub: Reimbursement of medical expenses under the MEDIFARE scheme.

Ref: MEDIFARE Membership No. :

Pensioner No. :

Bank A/c No. :

The bill of the medical expenses incurred on my/spouse treatment is enclosed for reimbursement. I may be reimbursed the medical expenses incurred on my/spouse treatment at hospital. The bill details are as follows:-

S. No.	Self/Spouse	Bill No. & date	Amount (Rs.)

I declare that the above mentioned details are true to the best of my knowledge and belief. All original bills are signed by me and countersigned by the treating doctor.

Encl:-

1. No. of vouchers enclosed:
2. Xerox copy of MEDIFARE card(s)

Signature:
Name:
Address:
.....
Mobile No. :
Email:
Date:

Note:- The applicant is required to enclosed the relevant papers of diagnosis and prescription slip(s) of the doctor along with the vouchers/bills.