

15	Amount Claimed	
16	Period for which claimed	From --/--/---- To --/--/----
17	Bank Details <i>(Only for Retired Beneficiaries)</i> Account Number Bank Name Branch IFSC	

I hereby declare that, I have not attended/collected the medicines from any of the Railway Hospitals / Health Units during the claim period or when the medicines were due for issue. If it is found false, the amount may be recovered from my salary/pension.

Date:

Station:

Encl:

Signature of the employee / RELHS beneficiary

Name :

Designation :

- Total amount claimed by beneficiary:.....
- Total amount admitted:.....

**Signature of IRMS OPD Doctors only
(Name & Designation)**

Certification by a JAG Officer: *"It is certified that the medicines purchased are in line with the authentic prescription advised by the concerned Railway Medical Officer and is the same/equivalent to that which are prescribed/dispensed in our hospitals. The rates of the medicines furnished are as prevailing in the market and is reasonable. It is also certified that no duplicate claim from the same beneficiary for the same time period has been preferred so far".*

Signature of JAG Medical Officer

MD/ CMS

ANNEXURE – I (a)

LIST OF DOCUMENTS TO BE ATTACHED ALONG WITH THE APPLICATION FORM

I. For Retired Beneficiaries:

- i. Self-attested copy of the last page of the Health Diary (other than RH / PER) and MIC number for those registered with RH / PER.
- ii. Self-attested Copy of RELHS Card/UMID card
- iii. Self-attested copy of Original Bills of the medicines purchased.
- iv. Self-attested copy of the PPO and 1st page of Bank Account having details of the account.

II. For Serving Employees:

- i. Self-attested copy of the last page of the Health Diary (other than RH / PER) and MIC number for those registered with RH / PER.
- ii. Self-attested Copy of Medical Card/UMID card
- iii. Self-attested copy of Original Bills of the medicines purchased.
- iv. Self-attested copy of the Pay Slip.