KIRORI MAL COLLEGE, DELHI-110007
(University of Delhi)
REIMBURSEMENT OF MEDICAL BILL

S.No. .....
Date .....

1. Name of the Employee : .....
2. Name of the Patient : .....
3. Relationship : .....
4. Doctor's Name/Hospital : .....
5. Period of Treatment : .....
6. Employee's Bank A/c No. : .....

.....
(Signature of the Employee)

		Amount of the Bill	Amount Passed by the College
1.	O.P.D. Consultations	.....	.....
2.	Injection Inoculation	.....	.....
3.	Laboratory Tests	.....	.....
4.	Radiology (X-Rays)	.....	.....
5.	E.C.G./E.E.G. Charges	.....	.....
6.	ECHO Doppler/Stress Test	.....	.....
7.	Ultra Sound (Upper/Lower/Whole)	.....	.....
8.	Accomodation	.....	.....
9.	Medical Care	.....	.....
10.	Spl. Consultations/Visits	.....	.....
11.	M.R.I.	.....	.....
12.	Operation Charges	.....	.....
13.	O.T. Charges	.....	.....
14.	Anesthesia Charges	.....	.....
15.	Procedure & Treatment	.....	.....
16.	Surgical Supplies	.....	.....
17.	Oxygen Charges	.....	.....
18.	CAT Scan	.....	.....
19.	Physiotherapy	.....	.....
20.	Special Tests	.....	.....
21.	Medicines	.....	.....
22.	.....	.....	.....
	Total		

Asstt. Asstt. S.O. A/cs A.O. Bursar Principal

(To be filled in by the ACCOUNTS DEPARTMENT)

Amount paid by the College vide Cheque No. .....Dated .....

for Rs. .....

ASSTT. S.O.ACCOUNTS A.O. BURSAR PRINCIPAL