**CENTRAL GOVERNMENT HEALTH SCHEME**

**MEDICAL 2004 FORM FOR REIMBUREMENT OF**

**MEDICAL CLAIMS OF CGHS BENEFICIARIES.**

\*\*\*

**Computer No.**

**(**To be filled by the claimant**)**

1. CGHS Token No. and Place of issue:

2. Validity of CGHS Token Card : from………………to……………

& entitlement : Pvt. / Semi Pvt. /General

3. Full name of the card holder (Block Letters) :

4. Full address :

5. Telephone no. (O)………………… ( R) …………………..

6. E-mail address if, any.

7. Name of the Bank SBI NARANGI Branch **SB A/C- 20002865497**

 **IFSC- SBIN0002093**

Branch MICR Code ……………….. Tel. No. of Bank Branch………………..

8. Name of the patient & relationship

with the card holder :

9. Status tick (-/) (Govt. Servant/Pensioner/Serving employee or pensioner of

autonomous body/Member of Parliament/Ex-M.P./Ex-Governor/Former Judge of

Supreme Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others)

10. Basic Pay/Basic Pension : /- GP-5400/-

11. Name of the Hospital with Address:

(a) OPD treatment and investigations. :

(b) Indoor Treatment.

12. Date of admission……………………..Date of discharge………………….(In case of

Indoor Treatment only)

13. Total amount Claimed

(a) OPD Treatment./Investigations : **Rs.**

(b) Indoor Treatment.

14. Details of Permission : Not required

15. Details of Medical advance if, any: NIL

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated: Signature of CGHS card holder

स्थानीय लेखा परीक्षा(सेना) कार्यालय, नारेंगी, गुवाहाटी-781027

**OFFICE OF THE LAO(A) NARANGI**

 **GUWAHATI-781027**

Ph No. 0361-2643712 Army No. 7240

LA/NAR/23/GEN/ESTT/Vol-IV Date : 03/08/2016

To

 The CDA(AN-III)

 Udayan Vihar

 Guwahati-781171

Subject : Forwarding of CGHS reimbursement claim

 CGHS Lab test reimbursement claim in respect of Shri M H Laskar, Sr AO is forwarded herewith duly filled in CGHS form 2004 along with cash vouchers for your further action please.

Enclose : 6 nos.

 ( M H Laskar)

 Sr Accounts officer