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### Medical Reimbursement - Claim Registration Form

Employee Type	In-Service
Employee Name	G VIJAYA BHARATHI

\*All Fields Are Mandatory

School Details			
District Name	Guntur	Mandal Name	EDLAPADU
Village Name	THIMMAPURAM	School Name	28173700904-ZPHS THIMMAPURAM
Personal Details			
Treasury Code	0619231	Name of the Employee	G VIJAYA BHARATHI
Gender	Female	Date Of Birth (DD/MM/YYYY)	14/12/1963
Designation	--Select--	Mobile Number	9949707504
Category Of the Post	Panel Grade HM (Grade - II) /Vice-Principal	Aadhaar Number	639661658973
ATO/STO/PAO Name			
Employee Address Details			
House Number		Street Name	
District Name	--Select--	Mandal Name	--Select--
Village Name	--Select--	Pincode	
Patient Details			
Name of the Patient		Relationship with Employee	--Select--
Nature of Disease/Illness/Treatment		InPatient Number	
Date of Admission (DD/MM/YYYY)		Date of Discharge (DD/MM/YYYY)	
In case of death, during the treatment	--Select--	Total Amount claimed(Rs.)	
Hospital details			
Name & Address of the Hospital/Nursing home	--Select--		
Date Of recognition from(DD/MM/YYYY)		Date Of recognition to(DD/MM/YYYY)	
Documents (Proof in support of claim)			
Bill number		Bill date (DD/MM/YYYY)	DD/MM/YYYY
Discharge summary PDF (PDF SIZE 6KB to 1MB)	<input type="button" value="Choose File"/> No file chosen	Essentiality Certificate PDF (PDF SIZE 6KB to 1MB)	<input type="button" value="Choose File"/> No file chosen
Emergency Certificate PDF (PDF SIZE 6KB to 1MB)	<input type="button" value="Choose File"/> No file chosen	Dependent Certificate PDF (PDF SIZE 6KB to 1MB)	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="Submit"/>			

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