## B.C.C.L.

CETAILS OF THE AMOUNT CLAIMED    Rs.   P.   Rs.   P.   Rs.   P.       Rs.   P.	Contribrutory Post Retirement Med	dicare Schem	ne for l	Non-Executive	Forma	at - E
Rs.   P.	(D	ETAILS OF	THE			
1. Consultation fees Date Amount a) b) c) d) TOTAL - 1 2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2 3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) A. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) b) c) d) B. TOTAL - 4 Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Amount 1) Reason 1) S. ACCOMMODATION CHARGES FOR THE PERIOD FROM : TO : Rs				HOSPITALIZATION CASE		
Date Amount a)		Rs.	P.		Rs.	P.
a) b) c) c) d) TOTAL - 1  2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) c) d) d) TOTAL - 3  A. TOTAL - 3  A. TOTAL (1+2+3) C. TOTAL (5+6+7)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) c) d) d) B. TOTAL - 4  Date: (Signature of the seperated Non-Executive / DETAILS OF AMOUNT DISALLOWED (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)	1. Consultation fees					
b) c) d) TO : d) TO : Rsper day.  TO : Rsper day.  FROM MARKET Date Amount a) b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) DETAILS OF AMOUNT DISALLOWED  Reason Amount 1) 2) 3)  TO : Rsper day.  FROM MARKET CONFINEMENT CHARGES  4. SURGICAL OPERATION CONFINEMENT CHARGES  6. SURGICAL OPERATION CONFINEMENT CHARGES  7. COST OF MEDICIENS  FROM MEDICIENS  FROM MEDICIENS  (Signature of the seperated Non-Executive / living spouse in case of death)  Amount 1) 2) 3)	Date Amount			FOR THE PERIOD		
c) d) TOTAL - 1  2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) c) d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Amount 1) 2) 3)				FROM:		
C) d) TOTAL - 1  2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) b) c) d) b) c) d) b) c) d) DETAILS OF AMOUNT DISALLOWED  Reason Amount 1) 2) 3)				TO :	132 7-15	
TOTAL -1  2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL -2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL -3 A. TOTAL (1+2+3) A. TOTAL (1+2+3) A. TOTAL (1+2+3) A. TOTAL (5+6+7) A. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL -4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)						
2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2 3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4 Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)				Rs per day.		-
ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)						-
Date Amount a) b) c) c) d) TOTAL - 2  3. MEDICINES PURCHASED 7. COST OF MEDICIENS FROM MARKET Date Amount a) b) c) d) d) TOTAL - 3  A. TOTAL (1+2+3) C. TOTAL (5+6+7)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) d) B. TOTAL - 4  Date:    DETAILS OF AMOUNT DISALLOWED   Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount  1) 2) 3)					And the second	
a) b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3  A. TOTAL (1+2+3)  C. TOTAL (5+6+7)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount  1) 2) 3)						
b) c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)				CHARGES		
c) d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason 1) 2) 3)						
d) TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:    DETAILS OF AMOUNT DISALLOWED    Reason   1) 2) 3)						
TOTAL - 2  3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  DETAILS OF AMOUNT DISALLOWED  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount  1) 2) 3)						Construction of the Constr
FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)						
FROM MARKET Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3) C. TOTAL (5+6+7) 4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)	3 MEDICINES PURCHASED	9		7. COST OF MEDICIENS		
Date Amount a) b) c) d) TOTAL - 3 A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)				Good of Medicine		
b) c) d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:    DETAILS OF AMOUNT DISALLOWED   Iving spouse in case of death)  Reason   Amount 1) 2) 3)		12 1 1 1 1 1 1 1				
c) d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)	a)					
d) TOTAL - 3  A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)	b)					
A. TOTAL (1+2+3)  A. TOTAL (1+2+3)  C. TOTAL (5+6+7)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / DETAILS OF AMOUNT DISALLOWED  Reason Amount 1) 2) 3)	c)					
A. TOTAL (1+2+3)  4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)	[10] [10] [10] [10] [10] [10] [10] [10]					
4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / Iving spouse in case of death)  Reason Amount 1) 2) 3)						
TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  DETAILS OF AMOUNT DISALLOWED  Reason Amount 1) 2) 3)	A. TOTAL (1+2+3)					
Name of the test Amount a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / DETAILS OF AMOUNT DISALLOWED living spouse in case of death)  Reason Amount 1) 2) 3)					*	
a) b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)				(A+B+C+)		-
b) c) d) B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)						
c) d) B. TOTAL - 4  Date:  DETAILS OF AMOUNT DISALLOWED  Reason Amount 1) 2) 3)						15
d) B. TOTAL - 4  Date:    DETAILS OF AMOUNT DISALLOWED   Signature of the seperated Non-Executive / Signature / Si						
B. TOTAL - 4  Date:  (Signature of the seperated Non-Executive / living spouse in case of death)  Reason Amount 1) 2) 3)						
(Signature of the seperated Non-Executive / DETAILS OF AMOUNT DISALLOWED living spouse in case of death)  Reason Amount  1) 2) 3)						
(Signature of the seperated Non-Executive / DETAILS OF AMOUNT DISALLOWED living spouse in case of death)  Reason Amount  1) 2) 3)	Date:	CATTON AND THE ATT WAS STORMED ASSOCIATION				
DETAILS OF AMOUNT DISALLOWED  Reason  Amount  1)  2)  3)				(Signature of the seperat	ted Non-Exec	utive /
Reason Amount  1) 2) 3)	DETAILS OF AMOU	INT DISALLO	OWED			
1) 2) 3)						
2) 3)				Allouit		
3)						
			1 4		Sr. A.O. / A.O	

## B.C.C.L.

Format - D

Date:

Contribrutory Post Retirement Medicare Scheme for Non-Executive

Accountant

BCCL Press 10 / 182 / 15 - 16 - 5000 Nos.

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPER	ATED NON-Executives
Name & Code	
Registration of Medical Card :	
Present address at which the Cheque is to be sent :	
1. Name of the Patient :	
2. Relationship with the	Doctors prescription     and case memos in     orginal should be
그리는 사람이 집에 되었는데 없는 이렇게 되었다. 그렇게 있는 그렇게 되었다.	2. Receipts of amount
4. If treatment taken at place other than	claimed should be
place of residence, give reasons :	enclosed.
5. Name of the doctor & hospital :	3. Separate claims should be prepared for
6. Qualification of the Doctor :	each patient and each spell of treatment.
그 마니 그의 10일 하다 하나 사람들은 경기를 받았다.	
(To be certified by the retired Non Executive)  I do hereby declare that:	
<ul> <li>ii) I am a member of Contributory Post Retirement Medicare Scheme and my Med since</li></ul>	e scheme.  the scheme at any time he Central / Stat Govt. /
	perated Non-Executive/ in case of death)
The claim has been serutinised and recommended for payment of Rs	(Rupees
) only.	
, only	
Chic	ef of Medical Services
(To be filled by the Account Department)	ora-Talas dal Trabadanico e e aux estrutor masser establicamente procedente procedente del atributor dell'esta
Claim passed for payment of Rupees (in wards)	*************************
(in figures)	
(in figures)	***************************************

Sr. A.O. / A.O.

## B.C.C.L.

A SECURE AND A CONTROL OF THE CONTRO		
CLAIM FORM FOR REIMBURS out patient / domicillary treat	SEMENT OF MEDICAL EXPENSES INCURRED I	BY SEPERATED NON-Executives
Name & Code		***************************************
Registration of Medical Card		
Present address at which the	Cheque is to be sent :	
2. Relationship with the (Retired Non - Executive)	in :	1) Doctors prescription     and cash memos in orginal should be attached.
4. If treatment taken at place place of residence, give re	e other than	claimed should be enclosed.
	pital :	3. Separate claims should be prepared for
from where treatment take	on.	each patient and each spell of treatment.
6. Qualification of the Docto  I do hereby declare that:	(To be certified by the retired Executive	ncesus vasus .
ii) I am a member of Con since	n the claim are true to the best of my knowledg tributory Post Retirement Medicare Scheme an	d my Medical Card is vaid
ii) I am a member of Consince iii) I continue to fulfill the iv) The Medical expenses v) I fully understand that without any notice and vi) Myself and my spouse	n the claim are true to the best of my knowledge tributory Post Retirement Medicare Scheme and conditions of eligibility for availing the benefits were incurred for self / spouse. The Company may refuse / terminate my membed without assigning any reasons. The are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap	nd my Medical Card is vaid s under the scheme. Dership of the scheme at any time through the Central / Stat Govt. /
ii) I am a member of Consince iii) I continue to fulfill the iv) The Medical expenses v) I fully understand that without any notice and vi) Myself and my spouse	conditions of eligibility for availing the benefit were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons.	nd my Medical Card is vaid s under the scheme. Dership of the scheme at any time through the Central / Stat Govt. /
ii) I am a member of Consince iii) I continue to fulfill the iv) The Medical expenses v) I fully understand that without any notice and vi) Myself and my spouse	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap	nd my Medical Card is vaid s under the scheme. Dership of the scheme at any time through the Central / Stat Govt. /
ii) I am a member of Consince	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap  ( Signature living	s under the scheme.  Dership of the scheme at any time through the Central / Stat Govt. / Dacity or as dependent.  of the seperated Non-Executive/ spouse in case of death )
ii) I am a member of Consince	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap  ( Signature living	s under the scheme.  Dership of the scheme at any time through the Central / Stat Govt. / Dacity or as dependent.  of the seperated Non-Executive/ spouse in case of death )
ii) I am a member of Consince	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap  ( Signature living	s under the scheme.  Dership of the scheme at any time through the Central / Stat Govt. / Dacity or as dependent.  of the seperated Non-Executive/ spouse in case of death )  Chief of Medical Services
ii) I am a member of Consince	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap  ( Signature living sed and recommended for payment of Rs	s under the scheme.  pership of the scheme at any time through the Central / Stat Govt. / pacity or as dependent.  of the seperated Non-Executive/ spouse in case of death )  Chief of Medical Services
iii) I am a member of Consince	conditions of eligibility for availing the benefits were incurred for self / spouse. the Company may refuse / terminate my membed without assigning any reasons. e are not availling any medical facilities from or king / Quasi Govt. Body either in individual cap  ( Signature living sed and recommended for payment of Rs ) only.	and my Medical Card is vaid s under the scheme, bership of the scheme at any time through the Central / Stat Govt. / bacity or as dependent.  of the seperated Non-Executive/ spouse in case of death )  (Rupees  Chief of Medical Services

BCCL Press 10 / 182 / 15 - 16 - 5000 Nos.