CLAIM FOR HEARING AID MACHINE AS PERMISSION BY AUTHORIZED RAILWAY MEDICAL OFFICER

To
The PCMO
K.G.Hospital
CLW/Chittaranjan

R/Sir,

Sub:- Reimbursement Claim of Hearing Aid incurred by (Name of Rly./Retd. Employee)

………..

Kindly arrange to reimburse the hearing aid expenses incurred by

Name:- …………………………………………….Designation:- ………………………. Control No:- …………………..

T/No: …………… B.U.No. ……. Office:-…………………………………………………. RELHS No:- …………….. of

Rs……………… Patient Name: …………………………………………………………. Age:-……….. Relation:-

………………………. Seller/ Vendor Name ………………………………………………………………………………………

In this connection I hereby submit my application with all relevant papers for your kind perusal and necessary action please.

Thanking you.

Dated:

DA: Papers containing………..pages.

Yours faithfully

Full Address-

Signature

Phone No.

1. Claim forms-02 copies, duly filled up & signed by the applicant and **for employee forwarded by departmental officer** (at Page……..)
2. Original Railway Medical Officer Permission letter with photocopy, (at Page……..)
3. Original Bill with photocopy (at Page……..)
4. 02 Photocopy of Audiometry Test report duly self attested, (at Page……..)
5. 02 Photocopy of Advice/ prescription of ENT Surgeon for hearing aid, (at Page……..)
6. 02 Photocopy of Medical Identity Card duly self attested, (at Page……..)
7. 02 Photocopy of Pay Slip, (at Page……..)
8. 03 photocopy of RELHS Card **(for Retired Employee/Officer)**, (at Page……..)
9. 03 Mandate Form with 03 Photocopy of Bank Passbook and one Crossed cheque leaf **(for Retired Employee/ Officer)**, (at Page……..)
10. 03 photocopy of PAN Card **(for Retired Employee/ Officer)**, (at Page……..)
11. Attested copy of Bonafide/ Dependent certificate for dependent son above age 21 years.

HEARING AID REIMBURSEMENT CLAIM FORM

1) Name of the Railway/Retd. Employee (in BLOCK Letters) : ______________________
2) Designation of Railway/Retd. Employee (in BLOCK Letters) : ______________________
3) Office & Station of employment : ______________________
4) Pay/ Last Pay of the Railway/Retd. Employee including grade pay : ______________________
5) Full Residential address : ______________________
6) MIC/ RELHS no. & issuing Authority : ______________________
7) MIC/ RELHS register at H.Unit/Hospital : ______________________
8) Name & Age of the patient : ______________________
9) Patient's relationship to Rly./ Retd. Employee : ______________________

DETAILS OF HEARING AID PURCHASE ARE BELOW :

i) MAKE MODEL OF HEARING AID :
ii) PRICE OF HEARING AID PURCHASE :
iii) NAME OF VENDOR/ SELLER :
iv) RECEIPT/ BILL No. WITH DATE :

I hereby declare that the hearing aid machine procured by me shall not be replaced and claimed before five years from the date of purchase. The maintenance and repair and cost of the batteries will be my responsibility. I am aware of all the adherence lay down in railway Board's Order No. 2005/H/6-4/Policy, Dated-22.06.2022 and MOH&FW O.M No. Z.11011/37/2019-EHS. Dated-01.12.2020.

____
Signature of the Railway Employee/ Retiree

Forwarded to the Principal Chief Medical Officer together with the enclosures for arranging reimbursement as admissible.

Place:

Date:

____
Signature Head of Department

(TO BE OFFICE USE ONLY)

TOTAL CLAIM AMOUNT	TOTAL INADMISSIBLE AMOUNT	TOTAL ADMISSIBLE AND PAYABLE AMOUNT ☐ DIGITAL BTE-Rs. 8000/- ☐ DIGITAL ITC/ CIC-Rs. 9000/-

Office Order for the amount drawn in favor of the employee is enclosed to enable him/her to arrange payment (Enclo) No.

Date:

____
Principal Chief Medical Officer

NATIONAL ELECTRONICS FUND TRANSFER (NEFT)
MANDATE FORM FOR RAILWAY EMPLOYEES FOR DIRECT CREDIT TO BANK

1	EMPLOYEE'S/APPLICANT NAME:	
A	DESIGNATION :	
B	DEPARTMENT :	
C	BILL UNIT NO. :	
D	EMP NO. :	
E	RELHS NO. : (In case of retired employee)	

2. PARTICULARS OF BANK ACCOUNT.		
A	BANK NAME :	
B	BRANCH NAME :	
C	IFSC CODE :	
D	MICR CODE :	
E	S. B. A/C. NO. :	
F	COPY OF BANK PASS BOOK :	
G	ONE CANCELLED BANK CHEQUE LEAF:	

Declaration to be signed by the account holder:-

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE.

SIGNATURE OF THE EMPLOYEE/APPLICANT
Phone No.