

STATE BANK OF INDIA, PPF&G DEPARTMENT, LHO, AMARAVATI, HYDERABAD

Note No. \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION-CUM-NOTE FOR SANCTION OF MEDICAL BILL UNDER  
"SBH RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME"

|    |   |                            |
|----|---|----------------------------|
| 01 | Name of the Retired Employee  |                            |
| 02 | PF /HRMS No   |                            |
| 03 | Designation at the time of retirement   |                            |
| 04 | Full Postal Address (with D No etc)   |                            |
|    |   |                            |
|    |   |                            |
|    |   |                            |
|    | Phone No  |                            |
| 05 | Name of the Branch where from pension drawn   |                            |
| 06 | Bank Account No   | Current /Savings Bank:     |
| 07 | Nature of ailment   |                            |
| 08 | Claim submitted for   | *Self / Spouse             |
| 09 | Treatment undergone as  | * In patient / Domiciliary |
| 10 | If in patient, period of treatment  | From:<br>To:               |
| 11 | In case of operation, state whether it is   | *Special / Major / Minor   |
| 12 | If domiciliary, Bills submitted / Medicines purchased                                   | From:<br>To:               |
| 13 | Name and address of the Hospital / Nursing Home or Doctor, where the treatment is taken |                            |
| 14 | Amount of Bill claimed  | ₹                          |

\* Strikeout whichever is not applicable

Name: \_\_\_\_\_ PF Index No \_\_\_\_\_

15. Details of the expenditure: (Copies of prescriptions with supporting bills and copies of diagnostic reports should be enclosed)

(NB: ANY PRESCRIPTION IS VALID FOR THREE MONTHS ONLY)

| S No  | Particulars | Bill No | Date | Amount Claimed Rs. | Amount Sanctioned Rs. | Amount Disallowed Rs. |
|-------|-------------|---------|------|--------------------|-----------------------|-----------------------|
|       |             |         |      |                    |                       |                       |
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|       |             |         |      |                    |                       |                       |
|       |             |         |      |                    |                       |                       |
| TOTAL |             |         |      |                    |                       |                       |

I hereby certify that the above facts are true to the best of my knowledge and belief. I have not claimed the above amount from any other sources.

Date: \_\_\_\_\_

(Signature of the Member)

Name:\_\_\_\_\_ PF Index No\_\_\_\_\_

(FOR THE USE OF THE PPF&G DEPARTMENT, LHO, AMARAVATI, HYDERABAD)

1. The proposal is scrutinized and found to be in conformity with the approved scheme.
2. All the base papers submitted are scrutinized by the Bank's Medical Officer.
3. The admissible claim has been reckoned and worked out as per eligibility subject to maximum limit of ₹7.00 lakhs.

|   |                               |   |  |  |  |  |
|---|-------------------------------|---|--|--|--|--|
| 1 | TOTAL AMOUNT ELIGIBLE         | ₹ |  |  |  |  |
| 2 | Less: AMOUNT ALREADY UTILISED | ₹ |  |  |  |  |
| 3 | BALANCE AMOUNT AVAILABLE      | ₹ |  |  |  |  |

Submitted for sanction of ₹\_\_\_\_\_ (Rupees \_\_\_\_\_)

as per the terms of the scheme. The proposal attracts the sanction of Assistant General Manager.

Member Secretary

Recommended for Sanction

Chief Manager (PPF&G)

Date:\_\_\_\_\_

SANCTIONED

ASSISTANT GENERAL MANAGER (PPF&G)