



**CENTRAL COALFIELDS LIMITED
RANCHI**

**Claim for Reimbursement of Cost of Medicines Purchased due to
Non-availability at the Hospital Stock in Terms of NCWA-II**

1. Name of the Employee :
2. Designation :
3. Department/Section :
4. Date of first appointment :
5. Name of the patient :
6. Patient's relationship
with the employee :
7. Name of the prescribing Doctor :
8. Prescription No. & Date :

Date of Purchase	Cash memo No. Date and name of the shop	Name of the Medicines	Amount (Rs.)

Total Rs. _____

Total Amount Rupees.....

Date

Signature of the Claimant

To be filled in DH Dispensary

The above claim has been checked. A sum of Rs

(Rupeesonly)

may be sanctioned and paid from Durg Imprest of CCL, Ranchi.

NOTE : Certified that claimant is a Post Wage Board employee.

Dy. Chief Medical Officer