KUVEMPU UNIVERSITY

FORM - " C "

[vide rule - 15(3)]

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

(Separate form should be used for each patient)

1	Name and Designation of the University Employees(in Block Letters)	
2	Office in which Employed	
3	Salary	
4	Place of duty	
5	Full residential Address	
6	Name of the patient and his/her Relationship to the University employee Note: in the case of children stage age also	
7	Place at which the patient feel ill	
8	Nature of illness and its duration	
9	Details for the amount claimed	
10	Total amount claimed	
11	List of enclosures	

DECLARATION TO BE SIGNED BY THE UNIVERSITY EMPLOYEE

I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a member of my family as defined under the Kuvempu University Employee (Medical Attendance) rules and is wholly dependent upon me.

Signature of the University Employee

PRINCIPAL
SAHYADRI SCIENCE COLLEGE
(Constituent College of Kuvempu University)
SHIMOGA, Karnataka State.