

MALANKARA MAR THOMA SYRIAN CHURCH

Application Form for Reimbursement of Medical Aid Scheme for Clergy & their Families - (Amended) 2024

REVISED FORM - FOR OP BILLS ONLY

(One form for each occasion of treatment for each patient)

- 1. Name of Applicant :
- 2. P. F. No. :
- 3. Address of Applicant :
- 4. Name of Patient :
- 5. DOB & Age of Patient :
- 6. Relationship with the applicant :
- 7. Nature of illness :
- 8. Whether pre-existing illness or not :
- 9. Period of treatment (Specify with dates) :
- 10. Name of Doctor who treated :
- 11. Name of Hospital where treatment was taken :
- 12. Whether Clergy Medical Aid offertory is remitted from Parish / parishes under your care :
- 13. Details of expenditure – Total Outpatient Bill Amount:
(As mentioned overleaf)

[Rupees. only]

- 14. Have you received Medical Aid from any other source?
If yes, furnish details

15. **Declaration**
The information given above is true to the best of my knowledge. I have read the rules of the Medical Aid Scheme and agree to abide by it. Please send the Medical Reimbursement to the following Bank Account. I take responsibility about the correctness of the Bank Account details written below.

Name :
Bank Account Number :
Bank & Branch :
IFSC :

Place:
Date:

Signature of the Applicant

PS: *Incomplete application forms will not be accepted.
Enclose a copy of the front page of Bank Pass Book for verification*

