

ERNAKULAM DISTRICT POLICE CREDIT CO-OPERATIVE SOCIETY LTD. No. E-877

SHENOY ROAD, KALOOR, KOCHI-682017

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CLAIM FORM

MEMBER No.	SCHEME No.
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I.

A.	Name of Applicant		
B.	Rank & GL No.		
C.	Unit		
D.	Office Address	Residential Address	
E.	Phone No.		

II. DETAILS OF HOSPITALISATION

A.	Name of patient		
B.	Age		
C.	Relationship		
D.	Address		
FOR OFFICE USE ONLY			
E.	Name and Address of the Hospital		
F.	Hospital Inpatient No.		
G.	Hospital OP No.		
H.	Nature of Disease/ Injury/ Illness		
I.	Date of Admission		
J.	Date of Discharge		

III. DETAILS OF AMOUNT CLAIMED

Sl. No.	Items	Amount Claimed	FOR OFFICE USE ONLY	
			Amount Payable	Amount Payable
1.	Doctors Consulting Fee			
2.	Nursing Charges			
3.	Room Rent			
4.	ICU Charges			
5.	Diagnostic materials and X-ray etc.			
6.	Operation Charges			
7.	Cost of Medicines and Drugs			
8.	Other Hospital Expenses - details			
TOTAL				

- IV. a. Amount Previously claimed :
 b. Amount applied :
 c. Total Amount Claimed (a + b) :

I here by declare that the above Statements are true to the best of my knowledge

Signature :
 Name of Applicant :
 Place : Member No. :
 Date : Scheme No. :

FOR OFFICE USE ONLY

Prepared by :	Total Amount claimed Rs. :
Checked by :	Amount not payable Rs. :
Approved by :	Net Amount payable Rs. :
Board Resolution No and date :	

Passed for payment of Rs.

Place : **SECRETARY**
 Ernakulam District Police
 Date : Credit Co-operative Society Ltd. No. E-877