

Appeal under Section 19 of the Right to Information Act, 2005 To, First Appellate Authority

To

Shri Sanjeev Singh,
Executive Director (CMG) & Appellate
Authority Corporate Centre, Power Grid
Corporation of India Limited
"Saudamini", Plot No. 2, Sector-29, Gurgaon —
122007, Haryana. Email ID:
sanjeev@powergridindia.com
Phone No. 0124-2571962

A. Contact details:

1. Name of the Applicant: C.N.SURESH BABU
2. Address: 11, SUSHIBITHA, 1ST CROSS, FLORENCE
SCHOOL ROAD,, RMV 2ND STAGE,
NAGASHETTYHALLI, BANGALORE,
Pin:560094,

B. Details about RTI request: 1. Particulars of the SPIO against whose order appeal is preferred

- (a) Name: JASBIR SINGH
- (b) Address: Chief General Manager
Central Public Relation Officer
Power Grid Corporation of India Limited
"Saudamini", Plot No. 2,
Sector-29, Gurgaon — 122007,

2. Date of submission of application
(Pease attach a copy)

3. Brief facts leading to appeal

- (a) ~~No response received within 30 days of submission of Form I~~

(b) Aggrieved by the response received within the prescribed period (a copy of the order received be attached) Grounds for appeal:

CPIO Reply is “The Regional HR Department is competent to handle medical and other cases of employees superannuating from their regions. As the Applicant has superannuated from NR-III, the said information may be obtained from NR-III.”

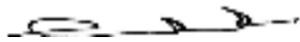
CPIO is ignorant of the fact that applicant should not be directed to seek information from other sources in the same organization instead he should seek and furnish the same to applicant.

It is surprised corporate does have access and only regional office has information sought.

- | | |
|--|------------------|
| 4. Prayer or relief sought | Immediate action |
| 5. Last date for filing the appeal | 30.03.2019 |
| 6. If appeal is being filed after 30 days, the reasons which prevented from filing appeal in time: | |

Note your website link to RTI ONLINE allows appeal to be filed after 30 Days which not in line with requirements of RTI.

Date :06.05.2019


Signature of the Applicant
Name: C.N.SURESH BABU
Mob No 9449599199
Email sureshbabucn@yahoo.com

FW: Entry of family members4

Yahoo/Inbox

- **suresh babucn** <sureshbabucn@yahoo.com>

To: dsreddy@powergridindia.com

17 Sep 2018 at 11:36 am

Sir,

It is observed that the my family member details are not entered in ex-employee, request to do the needful

Thanks

C.N.Suresh Babu

- **suresh babucn** <sureshbabucn@yahoo.com>

To: arunk@powergridindia.com

9 Jan at 12:30 pm

Show original message

- **suresh babucn** <sureshbabucn@yahoo.com>

To: Saravana Kumar R {आर. सरवन कुमर }

17 Mar at 12:29 pm

On Wednesday, 9 January, 2019, 12:30:49 pm IST, suresh babucn <sureshbabucn@yahoo.com> wrote:

----- Forwarded message -----

From: suresh babucn <sureshbabucn@yahoo.com>

To: dsreddy@powergridindia.com <dsreddy@powergridindia.com>

Sent: Monday, 17 September, 2018, 11:36:02 AM IST

Subject: Entry of family members

Sir,

It is observed that the my family member details are not entered in ex-employee, request to do the needful and many of claims are pending from date of my super annuation

Show original message

- **Saravana Kumar R** {आर. सरवन कुमर } <rsaravanakumar@powergridindia.com>
-

To: Suriya Prakaash M {एम. सूर्य प्रकाश}

Cc: sureshbabucn@yahoo.com

19 Mar at 10:35 am

Dear Suriya,

Please look into the matter.

Regards,

R. Saravana Kumar



पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया लिमिटेड
Power Grid Corporation of India Limited

सूचना का अधिकार अभिनियम 2005 के अंतर्गत केन्द्रीय लोक सूचना अधिकारी
Central Public Information Officer under the RTI Act, 2005
केन्द्रीय कार्यालय, 'सादामिनी', प्लॉट नं.2, सेक्टर-29, गुडगांव, हरियाणा-122007
Corporate Centre, 'Saudamini', Plot No. 2, Sector-29, Gurgaon, Haryana-122007



PGCIL/R/2019/50157

Dated : 18 April, 2019

C.N.SURESH BABU,
11, SUSHIBITHA, 1ST CROSS, FLORENCE SCHOOL ROAD,, RMV 2ND STAGE, NAGASHETTYHALLI,
BANGALORE, Pin:560094,

Sub: Information under Right to Information Act, 2005.

Sir/Madam,

This has reference to your RTI request dated 1 April, 2019 for providing information under RTI Act, 2005.

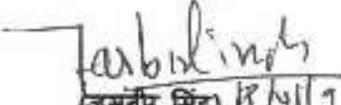
The desired information is attached at Annexure-I.

First Appeal, if any, against the reply of CPIO may be made to the first appellate Authority within 30 days of the receipt of the reply of CPIO. Details of Appellate Authority at Corporate Centre, Gurgaon, under RTI Act, 2005 is as below:

Shri Sanjeev Singh,
Executive Director (CMG) & Appellate Authority
Corporate Centre, Power Grid Corporation of India Limited
"Saudamini", Plot No. 2, Sector-29, Gurgaon – 122007, Haryana.
Email ID: sanjeev@powergridindia.com
Phone No. 0124-2571962

Thanking you,

भवदीय,


(जसबीर सिंह) 18/4/19.

वरिष्ठ महाप्रबंधक (के. आ.) एवं के.लो.सू.अधिकारी

Email ID: cpio.cc@powergrid.co.in

ANNEX - I

Information Sought:

Applicant being the member of the organization would like receive the below mentioned information under the RTI Act, 2005.

1. Please inform policy and procedure with regard to activation of web application for medical claim and others.

Reply:

The policy and procedure communicated vide circular dated 30.04.2018 and 20.07.2018 is enclosed herewith. The same is available on Superannuated employees portal.

2. Please inform the status of to activation of web application for medical claim and others for under signed.

Reply:

The Regional HR Department is competent to handle medical and other cases of employees superannuating from their regions. As the Applicant has superannuated from NR-III, the said information may be obtained from NR-III.

Power Grid Corporation of India Ltd.
(Corporate HR Department – Retirement Cell)

CC/HR/Retirement Cell/PRMB

Date : July 20th, 2018

Circular

Subject: Steps and process for Registration and submission of Medical bills in Superannuation Portal of POWERGRID by Superannuated employees/ Spouse/dependent parents of retired/deceased employees/ nominees of deceased employees (while in service)

This has reference to Circular dated April 30th 2018 (copy enclosed) regarding introduction of Digital Empowerment tools for availing reimbursement of medical bills for Superannuated employees/ Spouse/ dependent parents of retired/deceased employees/ nominees of deceased employees (while in service) in POWERGRID Superannuated employee portal. It has been observed that some of such persons are facing difficulty either in completing essential first time registration in Superannuation Portal or in uploading/submission their online Medical claim in the said Portal.

In order to facilitate these Superannuated employees/ Spouse/dependent parents of retired/deceased employees/ nominees of deceased employees (while in service), a simple procedure in two steps has been prepared as per details given below:

Step 1 : Process for First time Registration in Superannuation Portal of POWERGRID (Annexure I)

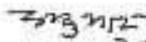
Step 2 : Process for claiming Medical reimbursement in Superannuation Portal (Annexure II)

All concerned are requested to go through these steps as elaborated in the Annexures and submit their online claims accordingly. Further, for offline mode, the claims may be sent to the concerned Nodal Officer alongwith relevant Forms and documents (bills/prescriptions, etc.-in Original)

All required updated formats for claiming medical reimbursements for self/dependents (as applicable) are given below:

- (I) Retired Employee/ Spouse/dependent parents of Retired/deceased Employee
 - (a) On-line mode (without printing facility) – Form A
 - (b) Off-line mode – Form B

- (II) Nominee of deceased employee (while in service)
 - (a) On-line mode (without printing facility) – Form C
 - (b) Off-line mode – Form D


(Arun Kumar) 20/7/18
DGM (HR)

Ends: As above

Distribution:

1. All Superannuated employees/ Spouse/ dependent parents of retired/deceased employees/ nominees of deceased employees (while in service)
2. HoP/Nodal Officers of Region – with a request to Inform all concerned accordingly
3. Superannuated Employees Portal

पापर फिड कोर्पोरेशन लिमिटेड
(हिन्दीय मानक संसाधन विभाग - सेवानिवृत्ति प्रकोष्ठ)

सीबी/एनआर/सेवानिवृत्ति सेर/पीआर/एनबी

दिनांक: बुधवार 20, 2018

परिपत्र

विषय: सेवानिवृत्त कर्मचारी/सेवानिवृत्त मूलकर्मचारियों के पति/पत्नी/अश्वित माता-पिता/ मूल कर्मचारियों के तामांकित व्यक्तियों हेतु पावरऑफ के सेवानिवृत्ति पीटीए में संशोधन एवं नैतिकता मिल वसा करने के लिए कटन और प्रक्रिया

विश्लेषण सफलतापूर्वक के अंतर्गत पावरऑफ सेवानिवृत्त कर्मचारी पोर्टल में सेवानिवृत्त कर्मचारी/ सेवानिवृत्त मूल कर्मचारियों के पति/पत्नी/अश्वित माता-पिता/ मूल कर्मचारियों के तामांकित व्यक्तियों हेतु चिकित्सा निष्पत्ती की उपस्थिति का साथ उठाने के लिए दिनांक 30 अप्रैल 2018 को परिपत्र (प्रति संलग्न) जारी किया गया है। यह स्पष्ट किया गया है कि पूर्वकथित मूल व्यक्तियों को सेवानिवृत्ति पीटीए में पहली बार संशोधन प्राप्त करने में कठिनाई का सामना करना पड़ रहा है एवं कुछ को पोर्टल में अपने ऑनलाइन नैतिकता वाले को अपलोड/जमा करने में कठिनाई का सामना करना पड़ रहा है।

इन सेवानिवृत्त कर्मचारी/ सेवानिवृत्त मूल कर्मचारियों के पति/पत्नी/ अश्वित माता-पिता/ मूल कर्मचारियों के तामांकित व्यक्तियों की सुविधा का ध्यान रखते हुए, हमने नीचे बताए गए दो चरणों में एक सरल प्रक्रिया तैयार की है:

चरण 1: पावरऑफ के सेवानिवृत्ति पीटीए में पहली बार संशोधन के लिए प्रक्रिया (समानताक 1)

चरण 2: सेवानिवृत्ति पीटीए में नैतिकता वाला उपस्थिति वसा करने की प्रक्रिया (समानताक 1)

सभी संबंधित लोगों से अनुरोध है कि वे निम्नलिखित अनुसूचियों में विस्तारित विभिन्न चरणों के माध्यम से आगे और त्वरित रूप से ऑनलाइन चरणों को प्रस्तुत करें। इनके अलावा, ऑनलाइन मोड के लिए, संबंधित मोडन अधिकारी को प्राथमिक पोर्टल के साथ साथों को (बिल/पर्व (मुख में), आदि सहित) भेजा जा सकता है।

स्वयं/अश्वितों के लिए चिकित्सा खर्च का दावा करने के लिए सभी आवश्यक प्रारूप (देखा जायू हों) नीचे दिए गए हैं:

(1) सेवानिवृत्त कर्मचारी / सेवानिवृत्त मूल कर्मचारियों के पति/पत्नी/ अश्वित माता-पिता

(ए) ऑनलाइन मोड (मुद्रण सुविधा के बिना) - फॉर्म ए

(बी) ऑफलाइन मोड - फॉर्म बी

(2) मूल कर्मचारी (सेवा में रहते हुए) के तामांकित व्यक्ति

(ए) ऑनलाइन मोड (मुद्रण सुविधा के बिना) - फॉर्म सी

(बी) ऑफलाइन मोड - फॉर्म डी

20/4/18
(समय कुमार)

उप महासंचालक (सा.म.)

संलग्नक: पूर्वकथित

वितरण: सीबी परिपत्र के अनुसार



सदस्य सचिव, ए.डी.ए. विभाग

April 30, 2018

CIRCULAR

Subj: Digital empowerment tools for availing reimbursement of medical bills for Superannuated/dependent of deceased employees.

POWERGRID has enabled several online features to facilitate Superannuated employees/dependents of deceased Employees to access their account without visiting office. These features are expected to empower them to access the Medical claim online. Accordingly, the following can be done online through Superannuated Employees Portal in POWERGRID Intranet web site;

- Submission of Medical claim online (Inpatient/Outdoor Treatment);
- Status of balance amount of the Medical billing limits;
- SMS/Email alert regarding status of Medical claim i.e. Bill processed/Bill paid;
- Uploading Life Certificate;
- Claimed Medical bill statement view;
- Checking the Medical Claim history;
- Up gradation of Profile like change of Mobile No./Email Id;

The above application is available under the link <https://eshop.powergrid.intra.powergrid.in> in the POWERGRID website.

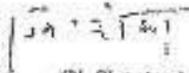
1. **Online Mode:** The above module can be used for submission of medical claims and checking the status of bill. It is a user friendly platform and makes submission of medical claim forms complete and to end digital interface without visiting office. In this regard, the beneficiaries are required to complete the following required action;

- Fill up the New Medical Claim details in the said portal;
- Submit it online;
- Take the print out of online request;
- Attach the original prescription and bills and forward the same to concerned F&A Deptt. through post/in-person for payment.
- If printing is not possible, fill the enclosed Medical Claim Form including Request ID generated online and forward to F&A Deptt. for payment.

2. **Offline Mode:** Some of the beneficiaries may be having difficulties to access the internet. Such persons are advised to contact forward to the Nodal Officer/ Facilitator the existing Medical Claim form duly filled and signed along with prescription & bills in original. Based on the claims submitted by beneficiaries, data will be entered in the portal by Nodal Officer/ Facilitator notified in the said point and originals will be forwarded by them to Finance Department for payment.

This issues with the approval of Competent Authority.

Encls: As above


(N. Shankar)
General Manager (HR & Law)-II



संख्या: ए.ए.ए.ए.ए. / 2018

30 अगस्त 2018

परिपत्र

Subject: सेवागिरुत कर्मचारी/ दिवंगत कर्मचारी के अग्रिमों के मेडिकल दावों की प्रतिपूर्ति हेतु ऑनलाइन डिजिटल संचालनकरण के संबंध में।

पावरगिड में सेवागिरुत कर्मचारी/ दिवंगत कर्मचारी के अग्रिमों को बिना किसी अग्रिम पर, घर बैठे सभी नाम सुपुत्र रूप से हो जाने हेतु कई ऑनलाइन सुविधाएं उपलब्ध कराई हैं। इन सुविधाओं से वे मेडिकल दावों ऑनलाइन करने में सक्षम हो पाएंगे। तदनुसार, ऑनलाइन पावरगिड इंटरनेट वेबसाइट में सुपरयूजर/कर्मचारी प्रोफिल से मेडिकल डिजिटल किया जा सकता है-

01. मेडिकल दावों ऑनलाइन जमा करना (इंटर / आउटडोर उपचार)
02. मेडिकल सीमिंग सीमा की रीज रशि की स्थिति को खतरा पाना
03. मेडिकल दावों की स्थिति के संबंध में एसएमएस / कुरोल अक्ट जैसे की विल संज्ञापित / विल मुगताम स्थित पाना
04. जीवन प्रमाण पत्र अपलोड करना
05. दावा किमत खतरा मेडिकल विल स्टेटमेंट देख पाना
06. मेडिकल दावा इतिहास देख पाना
07. प्रेषणदाता अपडेट जैसे की नोबल नंबर / ईमेल आईडी बदलना

उपरोक्त एप्लिकेशन पावरगिड वेबसाइट में <https://webportal.powergrid.in/employee> लिंक के अंतर्गत उपलब्ध है।

01. ऑनलाइन तरीका: उपरोक्त जॉइन्ट का इंटरनेट प्रिडिक्ता दावों को खतरा तरफे और विल की स्थिति की ज्ञाप के लिए किया जा सकता है। यह एक उपयोगी सौकरणीय (User-Friendly) पराएतनीय है जो एक संपूर्ण डिजिटल इंटरफेस है जिसमें कार्यालय जाने की आवश्यकता नहीं है। इत संबंध में, संपर्कियों को निर्देशित आवश्यक कार्रवाई को पूरा करने की आवश्यकता है-

- प्रोफिल से नए मेडिकल दावा लोडिंग करें
- उक्त ऑनलाइन जमा करें
- ऑनलाइन अनुरोध का स्टेटस देखें
- मूल प्रिडिक्ता और विल संलग्न करें और इसे मुगताम हेतु (डाक द्वारा या खुद) संबंधित विल विभाग को अग्रिम करें
- यदि प्रिडिक्ता संपन्न नहीं है, तो संलग्न मेडिकल दावा प्रामें करें जिसमें ऑनलाइन उपलब्ध अनुरोध आईडी का उल्लेख करें और मुगताम हेतु विल विभाग को अग्रिम करें।

02. ऑनलाइन तरीका: कुछ मामलों को इंटरनेट की सुविधा नहीं हो सकती है। ऐसे व्यक्तियों को सलाह दी जाती है कि वे स्टेटस अधिकारी / सुविधाकर्ता से संपर्क करें या उन्हें मेडिकल जर्नल मामले भर के एड्रेस इस्टाब्लिश कर के मूल रूप से पर्य और विल के साथ अग्रिम करें। सहाय्यी दस्ता प्रस्तुत किए गए दावों के अक्षर पर प्रोफिल से डाटा जोडन अधिकारी / सुविधाकर्ता द्वारा करवा एवं सभी मूल दस्तावेजों को मुगताम हेतु विल विभाग को अग्रिम किया जाएगा।

यह महाम अधिकारी के लक्ष्योदक परामर्श निर्मित है।

संलग्न: उपरोक्तनुसार

(सह संचालक)
सहाय्यीक संचालक (सहाय्यी) - सा.सं. एवं विधि

Step 1

(Annexure - I)

Process for First Time Registration In Superannuation Portal of POWERGRID

1. Go to website – <https://websites.powergrid.in/exemployee/>
Preferably use Google Chrome browser.
2. A page named SUPERANNUATED EMPLOYEE LOGIN shall be opened. Click on the link – First time user? Please Register Here.
3. Enter the details as required – Employee No., Date of Birth, active e-mail ID (where password shall be sent) and text given in the image
[Please ensure you can access your e-mail as password shall be forwarded to e-mail ID].
4. Click on "Submit" tab. Password shall be sent to given e-mail ID.
5. After getting the password, click on "Go to login Page" tab.
6. Use employee number (5 digit employee ID) as "Username" and password which was sent to the e-mail ID as "password".
7. After logging-in, password may be changed by going to "My details" → "Change Password" tab.
8. Employee details must also be filled completely by clicking on "My details" → "Update My Details" tab.
9. This completes one-time Registration Process.
10. Please remember/note down your password for future login. You may change your password as described at S. No. 7. However, your username (login ID) is not changeable and it shall always remain your five digit employee number.

Step 2

(Annexure - II)

Process for Claiming Medical Re-imbursment in Superannuation Portal

1. After completion of step 1 or if you already registered and have Username (employee ID) and password, login-in in Superannuation Portal - <http://webapps.nwera.nid.in/exemployee/>
2. At home page, click on "New Medical Claim" under "Medical" head visible on left side of screen, then click on "Create New Medical Claim Request" tab.
3. Fill in all the required details pertaining to each doctor's medical consultation/medical cost on the opened window. Entry of total consultation fee/medical cost, other expenses be made. Similar entries for other doctors can be made.
4. Click on "Calculate total" tab being shown at the bottom of the page.
5. Click on "Save as draft" tab.
6. A request ID shall be generated for each consultation and the application shall be visible on the upper side of the window.
7. Depending upon requirement, click on "Edit Draft" tab for making changes. If the application is to be discarded, click on "Delete Draft" tab.
8. If the claim is final and complete, click on "Submit for Approval" for online submission of the claim.
9. Repeat the process from S. No. 3 to S. No. 10 for more than one claims.
10. For print-out, click on the check-boxes against the submitted Request IDs as per requirement. If all the claims are to be printed on the same page, click all check-boxes, otherwise one at a time or combination of them.
11. Download for print. A pdf file shall be downloaded below the screen. Click on the pdf file. On clicking the pdf file, a single page will open. Give command for print-out and get a printed copy. With this printed copy, please attach all bills and prescriptions. Sign and send.
12. Wherever printing facility is not available, form attached herewith must be filled and signed and sent alongwith Original prescription and bills.

(Out-Bill) : FORM-A

Claim Form where printing facility is not available

पावर ग्रिड कॉर्पोरेशन ऑफ इन्डिया लिमिटेड
(केन्द्रीय सावध संसाधन विभाग)



Medical Claim Form for Reimbursement of Medical Expenditure incurred by the Retired/
Spouse/dependent parent(s) of retired/deceased Employee

(Hospitalisation/Non-Hospitalisation)

NAME _____ EMPLOYEE NO.: _____

REGION: _____ LOCATION: _____
(Place where medical services availed) LAST GRADE: _____

Sl. No.	Request ID	Patient Name	Treatment Date	Amount
Total Amount				

Note: Claim Form and supporting documents need to be submitted to concern Finance Department in original.

DECLARATION:

I hereby declare that:

1. The medical expenses were incurred for self/spouse/dependent parents (If applicable)
2. My parents are residing with me and dependent on me.
3. I am widow/widower/dependent parent(s) of Late _____
4. I fully understand that the company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.
5. I will inform the changes, if any, regarding my dependent status due to any reason.

(Strike out whichever is not applicable).

Signature of the Claimant
Mobile No. -
Date -

Claim Form where computer facility is not available (Off-line) : FORM-B

पावर ग्रिड कॉर्पोरेशन ऑफ इन्डिया लिमिटेड
(केन्द्रीय मानव संसाधन विभाग)



Medical Claim Form for Reimbursement of Medical Expenditure incurred
by the Retired/Spouse/dependent parent(s) of Retired deceased employee
(Hospitalization/Non-Hospitalization)

Name : _____ Emp No. _____

Region: _____ Location: _____

(Place where medical Services availed) Last Grade _____

Present Address: _____

Mobile No. _____ E-Mail _____

1. Name of the Patient :
2. Relationship with the retired employee :
3. Place at which patient fell ill :
4. Name of the doctor and Qualification or :
- Hospital from where treatment taken.
5. Whether treatment is taken in empanelled/ or non-empanelled hospital:
6. Brief description about the illness:

Note:

1. Separate claim should be submitted for each spell of treatment
2. Doctor's prescription, Cash memos and all receipts in original should be attached.
3. Each column should be filled such as amount claimed, cash memo no, date, pathological and other treatment taken etc.

(To be certified by the retired/ Spouse/dependent parent(s) of retired deceased employee)

I hereby declare that :

1. The medical expenses were incurred for self/ spouse/ dependent parents (if applicable)
2. My parents are residing with me and dependent on me.
3. I am widow/widower/dependent parent(s) of Late _____
4. I fully understand that the company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.
5. I will inform the changes, if any, regarding my dependent status due to any reason:

(Strike out whichever is not applicable).

Date:

(Signature of retired/
Spouse/dependent parents
of retired deceased employee)

DETAILS OF THE AMOUNT CLAIMED

(1) NON-HOSPITALISATION CASE	AMOUNT (RS)	(2) HOSPITALISATION CASE	AMOUNT (RS)
1. Consultation Fees Bill no. Date a) b) c) <p align="right">Total 1</p>	1. Accommodation charges for the period from..... To..... @ Rs. Per day.....
2. Injection Administration Fees Bill no. Date a) b) c) <p align="right">Total 2</p>	2. Surgical Operation or confinement charge: Rs.
3. Medicines purchased Cash Memo No: Date a) b) c) d) <p align="right">Total 3</p>	3. Cost of Medicines Rs.
4. Pathological/other Tests/treatment Name of the test Amount Bill No. Date a) b) c) d) e) <p align="right">Total 4</p>	(B) Total (1+2+3) Rs.
(A) Total (1+2+3+4) :	Net amount claimed (A+B)

Received Rupees(in figures)

(in words).....

Dated:

(Signature of retired/
Spouse/dependent parent(s)
of retired deceased employee)

(On-line) : FORM-C

Claim Form where printing facility is not available

भारत विम कॉर्पोरेशन लिमिटेड
(केन्द्रीय भाग्य वितरण विभाग)



Medical Claim Form for Reimbursement of Medical Expenditure incurred by the
Nominee of deceased Employee (while in Service)

(Hospitalisation/ Non-Hospitalisation)

NAME _____ EMPLOYEE NO.: _____

REGION: _____ LOCATION: _____
(Place where medical services availed) LAST GRADE: _____

Sl. No.	Request ID	Patient Name	Treatment Date	Amount
Total Amount				

Note: Claim Form and supporting documents need to be submitted to concern Finance Department in original.

DECLARATION:

I hereby declare that :

1. I am widow/widower of Late _____ and my child/children are dependent on me and are residing with me.
2. The medical expenses were incurred for me / my child/my children.
3. I fully understand that the company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.
4. I will inform the changes, if any, regarding my dependent status due to any reason.

(Strike out whichever is not applicable)

Signature of the Claimant
Mobile No. -
Date -

Claim Form where computer facility is not available (Off-line) : FORM-D

पावर ग्रिड सी/ओरिएन्टलॉफ इन्डिया लिमिटेड
(केन्द्रीय भागवत प्रशासन विभाग)



पावरग्रिड

Medical Claim Form for Reimbursement of Medical Expenditure Incurred
by the Nominee of deceased employee (While in service)
(Hospitalization/Non-Hospitalization)

Name of the deceased employee: _____ Emp No. _____

Region: _____ Location: _____

(Place where medical Services availed) _____ Last Grade _____

Name of the Nominee: _____

Present Address of Nominee _____

Mobile No. _____ E-Mail _____

1. Name of the Patient :
2. Relationship with the retired employee :
3. Place at which patient fell ill :
4. Name of the doctor and Qualification or :
Hospital from where treatment taken.
5. Whether treatment is taken in empanelled/ or non-empanelled hospital:
6. Brief description about the illness:

Note:

1. Separate claim should be submitted for each spell of treatment
2. Doctor's prescription, Cash memo and all receipts in original should be attached.
3. Each column should be filled such as amount claimed, cash memo no, date, pathological and other treatment taken etc.

To be certified by the Nominee of deceased employee (While in service)

I hereby declare that :

1. I am widow/widower of Late _____ and my child/ children
are dependent on me and are residing with me.
2. The medical expenses were incurred for me/my child/children.
3. I fully understand that the company may refuse/terminate my membership of the
Scheme at any time without assigning any reasons.
4. I will inform the changes, if any, regarding my dependent status due to any reason.

(Strike out whichever is not applicable).

Date:

(Signature of the nominee
of deceased employee)

DETAILS OF THE AMOUNT CLAIMED

(1) NON-HOSPITALISATION CASE	AMOUNT (RS)	(2) HOSPITALISATION CASE	AMOUNT (RS)
1. Consultation Fees Bill no. Date a) b) c) <p align="right">Total 1</p>	1. Accommodation charges for the period from To @ Rs. Per day
2. Injection Administration Fees Bill no. Date a) b) c) <p align="right">Total 2</p>	2. Surgical Operation or confinement charge:	Rs.
3. Medicines purchased Cash Memo No. Date a) b) c) d) <p align="right">Total 3</p>	3. Cost of Medicines	Rs.
4. Pathological/other Tests/treatment Name of the test Amount Bill No Date a) b) c) d) e) <p align="right">Total 4</p>	(B) Total (1+2+3) Rs.
(A) Total (1+2+3+4):	Net amount claimed (A+B)

Received Rupees (in figures)

(in words)

Dated:

(Signature of the Nominee
of deceased employee)