

**APPLICATION FOR REIMBURSEMENT OF HOSPITALISATION EXPENSES
UNDER C.B.O.O. BENEVOLENT FUND - FOR DEPENDANTS AND SELF**

TO : THE SECRETARY, BENEVOLENT FUND, CBOO, Central Office, Mangalore.

1. Name & E.No. : _____

2. Branch/Office : _____

3. Whether for Self : YES / NO

(applicable only w.e.f. 1.10.2004)

4. Name of the Dependent : _____

(On whose hospitalization reimbursement is claimed)

5. Relationship with the Applicant : _____

6. Nature of illness/ ailment : _____

7. Whether eligible for reimbursement : YES / NO

under Staff Welfare Scheme

If YES - reimbursement claimed/ : Rs _____ Sanctioned.

I am a member of CBOOBF and there is no default in payment of my subscription to CBOOBF. I enclose all original sanctions from Bank / Staff Welfare Fund / Other for the purpose. Kindly sanction eligible amount.

(SIGNATURE OF THE APPLICANT)

Place :

Date :

Enclosure

- * **Original sanction of Reimbursement Hospitalisation Expenses by Bank.**
 - * **Original sanction of Reimbursement Hospitalisation Expenses by Staff Welfare Fund.**
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FOR CENTRAL OFFICE USE

APPLICATION RECEIVED ON :

PAYMENT SENT ON :

by Ch.No.....

Dtd.....