

**University of Sri Jayewardenepura**  
**MEDICAL INSURANCE SCHEME**  
**Spectacles Claim Form**

| Scheme | I |   | II |   | III |   | IV |   |
|--------|---|---|----|---|-----|---|----|---|
|        | A | B | A  | B | A   | B | A  | B |

| No | Details             | √ |
|----|---------------------|---|
| 1  | No of bills         |   |
| 2  | Prescription        |   |
| 3  | Payment receipt     |   |
| 4  | Doctor's seal/ Date |   |

**EMP No:** .....

Name of Applicant: (Rev/Prof/Dr/Mr/Mrs/Ms).....

Designation: .....

Department: .....

Telephone No (Office/Mobile): .....

Age: ..... Whether married/single: .....

*[The application form should be submitted with all the bills pasted on the separate paper and ensure that all the bills contain the dates and the seal or letter head of the Doctor. Duly completed application form should be put into the box after entering the register which keep at the Establishments (Information & Services) Division]*

**Details regarding bills (Medical/Hospital/Pharmacies)**

(While the Doctor's Prescription should be annexed to bills obtained from pharmacies, all required documents to substantiate the information provided below should be submitted along with the application form.)

| Bill No | Date of the Bill | Name of patient | Amount Rs. |
|---------|------------------|-----------------|------------|
| 1.      |                  |                 |            |
| 2.      |                  |                 |            |

I hereby state that I have claimed Rs..... as Medical expenses as aforesaid and that the information provided in the claim form are true and accurate.

Date: .....

.....  
Signature of Applicant

**Academic Staff member of the Medical Faculty**

The information given by the applicant and the document attached herewith have been checked and with respect to the diagnosis / recommendation by medical officer was found to be accurate.

Date: .....

.....  
Signature & Seal of the  
Academic Staff member of the Medical Faculty

**Recommendation of the Assistant Registrar/  
Establishments (Information & Services)**

After considering the receipts and other information provided by the applicant in relation to the medical treatment received, I recommend the reimbursement of total expenses / an amount of Rs. ....of total expenses incurred by him/her in the connection.

Date:.....

.....  
Signature of the Assistant Registrar  
Establishments (Information & Services)