

GOVERNMENT OF WEST BENGAL
 DIRECTORATE OF EMPLOYEES' STATE INSURANCE (MEDICAL BENEFIT) SCHEME
 P-233, C.I.T. Scheme-VII-M, Bagmari, Kolkata-700 054

Statement of Expenditure incurred by

Sri Ins. No.

in connection with his/her dependant wife/son/daughter's medical treatment.

| Serial No. | Date | Voucher No. | Cost incurred for | Amount |
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Signature of IP/Claimant

INs No. :