

**MEDICAL BILL FORM UNDER BCM HEALTHCARE SCHEME - 2018**

V. NO: \_\_\_\_\_

To

The General Secretary  
Baptist Church of Mizoram, Serkawn

Initial/Forwarded By:

.....  
Head Of Dept/Institution/O.S  
(Signatur with seal)

Subject :

**Medical Bill Thehluh thu**

Ka pu,

BCM Healthcare Scheme 2018 -in a phal angin Damlohna avanga inenkawlna Bill ka rawn thehluh a,danin a phal ang chinah ka senso hi min reimburse theih chuan ka lawm hle ang.

Doctor prescription,investigation charge,cash memo etc.(Original copies) ka thil tel e.

Sr.No	Name	Kum Zat	Inlaichinna	nupur / Pasarnet am?	Thla tin Income

**A. DAMDAWI INA AWMNA BILLS :**

Sr.No	Amounts	Sr.No	Amounts
1.Rs	_____	11.Rs	_____
2.Rs	_____	12.Rs	_____
3.Rs	_____	13.Rs	_____
4.Rs	_____	14.Rs	_____
5.Rs	_____	15.Rs	_____
6.Rs	_____	16.Rs	_____
7.Rs	_____	17.Rs	_____
8.Rs	_____	18.Rs	_____
9.Rs	_____	19.Rs	_____
10.Rs	_____	20.Rs	_____
<b>A. TOTAL</b>	<b>Rs</b> _____		
	<b>75% Rs</b> _____		

**B. PAWLAMA INENKAWLNA BILLS :**

Sr.No	Amounts	Sr.no	Amounts	Sr.no	Amounts
1. Rs	_____	11. Rs	_____	21. Rs	_____
2. Rs	_____	12. Rs	_____	22. Rs	_____
3. Rs	_____	13. Rs	_____	23. Rs	_____
4. Rs	_____	14. Rs	_____	24. Rs	_____
5. Rs	_____	15. Rs	_____	25. Rs	_____
6. Rs	_____	16. Rs	_____	26. Rs	_____
7. Rs	_____	17. Rs	_____	27. Rs	_____
8. Rs	_____	18. Rs	_____	28. Rs	_____
9. Rs	_____	19. Rs	_____	29. Rs	_____
10. Rs	_____	20. Rs	_____	30. Rs	_____
<b>B. TOTAL</b>	<b>Rs</b> _____				
	<b>50% Rs</b> _____				

**Total Claimed Rs** \_\_\_\_\_

Poisa hi Ka dawng kim e.

**Bill -tu Pawisa thawnna tur hriattirna:**

Holder Name : \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
A/c . No : \_\_\_\_\_  
Branch : \_\_\_\_\_  
IFSC : \_\_\_\_\_

Diltu signature \_\_\_\_\_  
Diltu hming \_\_\_\_\_  
Diltu hnathawl \_\_\_\_\_  
Diltu thawnna \_\_\_\_\_

Diltu hna Dinmun:  
( Tick ngei ngei tur )

- a). Substantive / Temporary / Contract / Pensioner / Family Pensioner  
b). Pay Level - I / II - VIII / IX - XIV

Dawngtu Signature

**FINANCE DEPT TIH TUR:**

Checked And Admissible Amount is passed for payment as under :-

**TOTAL AMOUNT** Rs \_\_\_\_\_  
**Advance Drawn** Rs \_\_\_\_\_  
**NET AMOUNT** Rs \_\_\_\_\_ ( Rupees \_\_\_\_\_ ) only

Name of Dept : \_\_\_\_\_

Accounts Officer

Pawisa pekchhuah ni: \_\_\_\_\_  
Paid by ( Tick ) : Cash / Cheaque / NEFT  
Cheque No : \_\_\_\_\_

General Secretary