

UNDER ESI SCHEME MEGHALAYA SHILLONG.

(To be submitted in duplicate by the Insured Person)

To,

The Administrative Medical Officer,
Employees State Insurance Scheme,
Meghalaya, Shillong.

(Through Proper Channel)

Sir/Madam,

Date _____ The _____

Shri/Smti _____ Ins. No _____ I submit as hereunder
a bill of D _____

(Rupees _____

_____) only for favour of early payment in reimbursement

of the amount incurred by me in the purchase of medicines prescribed for _____

by the Medical Officers, ESI Dispensary as referred to you on _____

I enclosed relevant original prescription or attached copy thereof and cash memo as
mentioned below.

Cash Memo No.

Date

Amount

Total Amount D _____

Rupees _____ only.

Your Faithfully,

Certify that the applicant was not
debarred from Medical benefit
during the period of this treatment.

Ins. No. _____

Address _____

(Signature of Medical Officer)