



FORM V – EX-COUNTRY REFERRAL MEDICIAL EXPENSES BENEFIT CLAIM

A. Applicant Details

Name of Applicant.....Designation:

CID No.: Employee ID:

Name of Court / Office:

Bank Name:Account No.:

B. Claim submitted (Tick ✓ and fill in details)

Member's Immediate Family Father Mother Child(ren)

Name:CID:

C. Self / Spouse

Name:CID:

D. Spouse's Immediate Family Father-in-law Mother-in-law

Name:CID:

E. Documents Enclosed (Tick ✓)

- Copy of Applicant's CID
- Copy of **Medical Referral Sanction order** (signed & sealed)
- Bank statement of savings account (last three months)

Declaration: I hereby declare that the information provided above is true and correct. I understand that submission of false information shall render me liable for penal action under the Penal Code of Bhutan and applicable JSWS rules.

Signature of Applicant: **Date:** **Contact No.:**

Verification: The above claim and supporting documents have been verified and found to be in order. Verified by (Head of Concerned Court / Office):

Name:Signature & Seal:Date:

For Official use only by Supreme Court of Bhutan

Recommended for the payment of **MEDICIAL EXPENSES CLAIM** of Nu. (in figure).....
(In words)

Documents Checked by

Sanctioned by
Member Secretary

Approved by
Registrar General