



**ESTABLISHMENT SECTION**  
**INDIAN INSTITUTE OF SCIENCE**  
**BANGALORE – 560012**

**REQUEST FOR ASSISTANCE FROM MUTUAL BENEFIT FUND**  
**(FOR MEDICAL TREATMENT OF THE MEMBER OF THE FUND / DEPENDANTS)**

1. Name of the member of the Fund	
2. Designation & Department	
3. Name & Relationship of the Dependent taking treatment	
4. Nature of Illness	
5. Amount Applied: Grant Loan	Rs. Rs.
6. Name & Address of the Area Doctor To which the staff member is attached	
7. Whether the treatment was taken at Institute HC / AMC/Govt. Hospital/ Private Hostel	
8. Whether the case of referred by the CMO/MO/AMO	
9. Details of Medical Reimbursement If any:  Amount Claimed Amount Reimbursed Amount Disallowed	Rs. Rs. Rs.
10. Any other information	
Certified that the information furnished above is correct. The person to whom I have claimed assistance is entirely depending upon me and is not in receipt of any financial assistance from any other source.	
Date :	SIGNATURE OF THE STAFF MEMBER

FORWARDED W/C  
THE ASSISTANT REGISTRAR  
UNIT IB

CHAIRMAN / OFFICER-IN-CHARGE

(Chairman Seal)