



### APPLICATION FOR MATERNITY CLAIM

I would like to apply for maternity reimbursement according to my eligibility as allowed by the University. The details are as follows:

Name of the staff : \_\_\_\_\_

Staff No. : \_\_\_\_\_ K/C/D/I/O: \_\_\_\_\_

Salary Grade : \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name of Patient : \_\_\_\_\_

Relationship : \_\_\_\_\_

Name of Hospital : \_\_\_\_\_

Type of Delivery : Normal/ Forceps/ Breech/ Vacuum/ Caesarean

No. of Package : 1/2/3/4/5

Thank you. Wassalam

\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_