

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: _____