



**Student Medical Claim Form  
For Hospital Indoor Treatment**

- 1 a) Name of the student (in block letters) :
- b) Department :
- c) Roll Number :
- d) Name of Hostel :
- 2 Actual residential address :
  
- 3 Place at which the patient fell ill :
- 4 Details of amount claimed :
- 5 i) Name of the Hospital :
- ii) Charges for hospital treatment,  
indicating separately the charges for
  - a) Accommodation :
  - b) Diet :
  - c) Surgical operation or medical  
treatment or confinement :
  - d) Pathological, bacteriological,  
radiological or similar tests
    - i) The name of the hospital or  
laboratory :
    - ii) Whether undertaken on the  
advice of the medical officer,  
incharge of the hospital  
(Attach certificate) :
  - e) Medicines/special medicines (cash  
memos/Essentiality Certificate to  
be attached) :
  - f) Special Nursing i.e. Nurses  
specially engaged for the patient  
(Attach a certificate of the Medical  
Officer In charge of the hospital) :
  - g) Any other charges :
  - iii) Consultation with specialist  
(Certificate from Medical Officer to  
be attached) :

6 Fees for consultation, indicating :

Name & Designation Of the Medical Officer Consulted	No. of consultation	Date of consultation	Fee paid

(Cash memos and essentiality certificate should be attached)

7 Total amount claimed (in figures and words) : ` .....

Rupees ..... only

8 List of enclosure(s):

### STUDENT BANK DETAILS

(Students are instructed to give full Bank details below for direct transfer of applicable reimbursement into their account. Cheques will no longer be issued)

1. Name as per Bank Passbook: .....
2. Account No.: .....
3. Bank Name: .....
4. Branch and address: .....  
.....
5. IFSC Code: .....

### DECLARATION TO BE SIGNED BY THE STUDENT

I hereby declare that the statements in the application are true to the best of my knowledge and belief.

Dated.....

.....  
Signature of student

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### RECOMMENDATION OF HOSTEL WARDEN

Certified that Mr./Ms ..... is staying in Room No. .... of Hostel  
..... and the medical reimbursement claim may be processed.

.....  
Signature and seal of the Warden

**FOR OFFICE USE**

**Countersigned and certified that the claim:**

- i) is genuine
- ii) is covered by the Institute rules and orders on the subject
- iii) is supported by bills, receipts and other certificates etc.
- iv) was not drawn before

Bill may be passed for payment as follows:

<b>Claimed amount (in Rupees)</b>	<b>Admissible amount (in Rupees)</b>
Figures:	Figures:
Words :	Words :

.....  
Dealing Official

.....  
Medical Officer

.....  
Asst. Registrar (F&A)

.....  
Registrar

Approved:

.....  
Director

**ESSENTIALITY CERTIFICATE**  
**CERTIFICATE B**

(To be completed in the case of patients **who are admitted** to hospital for treatment)

Certificate granted to Mrs/ Mr/ Miss.....  
Wife/ son/ daughter of Mr/ Mrs.....  
Employed in the.....

**PART A**

(To be signed by the Medical Officer in charge of.....case at the hospital)

I, Dr.....hereby certify-

- a) That the patient was admitted at hospital on the advice of .....  
.....(name of the medical officer) / on my advice.
- b) That the patient has been under treatment at.....and  
that the under mentioned medicines prescribed by me in this connection were essential for the  
recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked  
in the.....  
(name of the hospital) for supply to private patients and do not include proprietary preparations or which  
are primarily foods, toilets or disinfectants.

**Name of the medicines (in block letters)**

**Price ( ` )**

- 1.
- 2.
- 3.
- 4.

- c) that the injections administered were / were not for immunizing or prophylactic purposes
- d) that the patient is/was suffering from.....and is/was  
under treatment from.....to.....
- e) that the X/ray, laboratory test etc., for which an expenditure of `.....was incurred  
were necessary and were undertaken on my advice at .....  
.....  
(name of the hospital or laboratory)
- f) that I called on Dr.....for specialist  
consultation.

Signature and Designation of the Medical Officer  
In charge of the case at the hospital

**PART B**

I certify that the patient has been under treatment at the.....Hospital and that the service of the special nurse for which an expenditure of `.....was incurred, vide bills receipts attached, were essential for the recovery/ prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer  
In charge of the case at hospital

**COUNTER SIGNATURE OF THE MEDICAL SUPERINTENDENT OF THE HOSPITAL**

I certify that the patient has been under treatment at the.....Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place:

Medical Superintendent

Date:

.....Hospital

N.B. : Certificate not applicable should be struck off. Certificate B is compulsory and must be filled in by the Medical Officer in all cases.