



Medical Claim Form
For O.P.D. Treatment only

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of students of the National Institute of Technology. (N.B. separate form should be used for each patient)

Total no. of sheets including this:=

I. Status Information for the claimant (in Block Letters) -

- a) Name :
- b) Department :
- c) Roll Number :
- d) Name of Hostel :
- e) Actual residential Address :

II. Information regarding the patient:

- a) Name of the Patient :
- b) Illness :
- c) Since when ill & place where ill :

III. Amount claimed and details thereof:

- a) Number and dates of consultation and the fee paid for each consultation
- (i) Date of Consultation :
- (ii) Fee paid for each visit :
- b) Name & Designation of Medical Officer consulted :
- c) Hospital/ Dispensary attached :
- d) Whether consulted at Hospital/ consulting Room of Doctor/ Residence :
- e) Fee paid for each consultation :

IV. Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken, during diagnosis indicating:

- a) Name of Hospital or Laboratory where tests :
undertaken

- b) Whether tests undertaken on advice of the :
authorized Medical Attendant (If so, attach
certificate)

- c) Cost of Medicines purchased from market (List and :
cash memos to be attached) as also essentiality
certificate countersigned :
by _____
- (i) No. of Cash Memos attached :
- Total amount claimed : \ `
- Rupees only
- Total Number of enclosures :

DECLARATION TO BE SIGNED BY THE STUDENT

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

Date:

Signature of student

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

Countersigned and certified that the claim:

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

.....
Dealing Official

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