



राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय
NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

शिक्षा मंत्रालय, भारत सरकार के अधीन एक राष्ट्रीय महत्व का संस्थान
An Institute of National Importance under Ministry of Education (Shiksha Mantralaya), Govt. of India

No. NITMGH/ES/NOT/PT-2/2025-26/1158

Date: 16.09.2025.

CIRCULAR

This is for the information of all concerned that the Competent Authority has approved the modification of the following forms:

1. **Form 11-S:** Student Medical Claim Form for Hospital Indoor Treatment
2. **Form 12-S:** Student Medical Claim Form for Hospital Outdoor Treatment

The revised forms have been uploaded on the Institute intranet for easy access. Copies of the same are also enclosed herewith for reference and necessary action.

All hostellers are instructed to strictly follow the procedure given below while submitting medical claims:

1. The concerned student shall fill up the appropriate medical claim form (Form 11-S or Form 12-S), as applicable.
2. The form must be duly signed by the student and accompanied by all supporting documents, bills, and prescriptions.
3. All IPD claims shall be processed through medical insurance in the first instance.
4. Before submission, the student must obtain the signature of the **Chairman, Medical Committee** and the **Warden** on the form.
5. The completed form, along with enclosures, must be submitted at the **Institute Medical Centre**.
6. Incomplete form or forms submitted without proper verification will not be entertained.

All hostellers are advised to take note of this procedure and ensure strict compliance.

This issues with the approval of the Competent Authority.


Registrar I/c

Enclosed: As stated

Copy to:

- 1) Director's office for kind information of the Director.
- 2) Dean (AA) for kind information.
- 3) Dean (SW) for kind information.
- 4) Chairman of Medical Committee for kind information.
- 5) Chairman of HMC for kind information.
- 6) All Wardens for information.
- 7) Institute Medical Center for information.
- 8) IA Section for information.
- 9) Academic Affairs Section is requested to circulate this notice among all students.
- 10) Faculty in Charge, Computer Centre for removing the old forms and replacing them with the modified forms on the Institute intranet website.



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FORM - 11-S

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)

- Name as per Bank Passbook:
- Account No.:
- Bank Name:
- Branch and address:
.....
- 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

.....
Signature of Chairman of Medical Committee

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:

Claimed amount (in Rupees)	Admissible amount (in Rupees)
Figures:	Figures:
Words :	Words :

.....
Dealing Official

.....
Medical Officer

.....
PIC (IA)

.....
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 ofwas 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.