



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.



Student 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 :

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 made in this 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 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)