



राष्ट्रीय प्रौद्योगिकी संस्थान, दिल्ली
NATIONAL INSTITUTE OF TECHNOLOGY DELHI

sector A-7, Institutional Area, IAMR Campus, Narela, Delhi-110040, India
Website: nitdelhi.ac.in

Form of application claiming reimbursement of medical expenses incurred in connection with medical attendance and / or treatment for self and family members/dependents -For medical attendance /Treatment taken both from an **Authorised Medical attendant as outdoor patient or a Hospital as indoor patient.**

1. **Name & Designation of Govt. Servant (In Block Letters)** : _____
 - (i) Whether married or unmarried : _____
 - (ii) If married, the place where wife / husband is employed : _____
 2. Employees Code No., Deptt/ Section : _____
 3. Pay of Govt. Servant (Band Pay & Grade Pay) : _____
 4. Residential address : _____
 5. Name of the patient & his /her relationship with the Government Servant : _____
6. Place at which the patient fell ill : _____
7. Details of the amount claimed : _____

Medical Attendance

(i) Fee for consultation indicating-

- (a) the name & designation of the Medical Officer consulted and hospital or dispensary to which attached : _____
- (b) the number and dates of consultation and the fee paid for each consultation : _____
- (c) the number & dates of injection & the fee paid for each injection : _____
- (d) whether consultations and / or injections were had at the hospital, the consultation room of the medical officer or at the residence of the patient : _____

(ii) Charges for pathological, bacteriological, Radiological or other similar tests under taken during diagnosis indicating

- (a) The name of the hospital or laboratory where under taken; and : _____
- (b) Whether the tests were under taken on the advice of the authorized medical attendant . If so certificate to the effect should be attached. : _____

- (iii) Cost of medicines purchased from the market** : _____
(Cash memos and the essentiality certificate attached)

II. Consultation with Specialist

Fee paid to specialist or a medical officer other than the authorised medical attendant indicating

- (a) The name & designation of the Specialist or medical officer consulted and the hospital to which attached. : _____
- (b) Number & dates of consultations and the fees : _____

PART-B
(Certificate B-For Indoor Patients)

I certify that the patient has been under treatment at the _____ hospital and that the expenditure of Rs. _____ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature & Designation of Medical officer
Incharge of the case at the Hospital**

Countersigned
Medical Superintendent/authoried medical officer for this purpose)

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

Medical Superintendent/authoried medical officer

(For Use by Accounts Section)

Items	Amount Claimed (In Rupees)	Amount Allowed (In Rupees)	Remarks
Medicine			
Tests			
Room Rent			
Operation / Procedure charges etc., Operation, Procedure, ICU / CCU/ Consultation / Others Specify)			
TOTAL			

Passed for Rs. _____ (Rupees _____ only). Entered in medical reimbursement register page No. _____ Sr. No. _____ Expenditure debitale

[D.A.]

[Supdt.]

[AR]

[DR]

[Director]