

SBI Account No. _____

Chargeable to 01 (h) Reimbursement
Of Medical Expenses.

Passed for Rs. _____

(Rupees _____
_____ only)

NATIONAL INSTITUTE OF TECHNOLOGY, HAMIRPUR (H.P)

**FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION
WITH MEDICAL ATTENDANCE TREATMENT OF THE EMPLOYEES AND THEIR FAMILY MEMEBERS
OF NIT, HAMIRPUR.**

1.	Name & Designation of the Employee (IN BLOCK LETTERS)	
2.	Office in which employed.	
3.	Pay/Scale of the employed.	
4.	Place of duty.	
5.	Actual residential address.	
6.	Name of Patient and his /her relationship to the employee. (Indicate age in case of children)	
7.	Place at which the Patient fell ill (name of Hospital)	
8.	Total amount claimed.	
9.	List of enclosures.	

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and that the person for whom the medical expenses were incurred is wholly dependent upon me.

Dated:-

Signature of employee

(To be completed in case of Patient who are not admitted in Hospital for treatment)

Certificate granted to _____ / _____ employee of National Institute of Technology , Hamirpur (H.P) -177005.

a). I, Dr. _____ hereby certified that the patient has been under my 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 Hospital) for supply to the private Patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value available not preparations which are Primarily foods, toilets or disinfectants:-

Sr. No.	Name of Medicines	Amount in (Rs.)	Receipt/Cash Memo No. & Date	Name of Dealer

b). That the patient is/was suffering from _____ and is/was under treatment from _____ to date.

c). He/She did not require hospitalization.

Signature of Medical Officer

NOTE:- 1. Where no applicable should be struck off.

2. Certificate (b) is compulsory and must be filled in by the Medical Officer.