

**SBI ACCOUNT NO.**

Chargeable head:  
01(h) Reimbursement of  
Medical Expenses.

**Passed for Rs.** \_\_\_\_\_  
**(Rupees)** \_\_\_\_\_

**Dealing Assistant**

**DR(F&A)**

**Registrar**

**NATIONAL INSTITUTE OF TECHNOLOGY, HAMIRPUR (HP).**

FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE TREATMENT OF THE EMPLOYEES AND OTHER FAMILY MEMBERS OF NIT, HAMIRPUR

1.	Name & Designation of the Employee (in <b>Block Letters</b> )	
2.	Office in which employed	NIT, Hamirpur
3.	Pay of the Employee	
4.	Place of the Duty	
5.	Actual Residential Address	
6.	Name of the 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 statement 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 the Employee**



**PART-B**

I certify that the patient has been under treatment at \_\_\_\_\_ (name of Hospital) and that the service of the special nurses for which an 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.

Dated: -  
Place: -

**Signature of Medical Officer/  
Incharge of the Hospital**

**COUNTERSIGNED**

Medical Superintendent  
(Name of Hospital) \_\_\_\_\_

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

Dated: -

**Signature of Medical Superintendent /  
Incharge of the Hospital**

Note: Certificate not applicable, should be stuck off.  
Certificate(s) is compulsory and must be filled in the Medical Officer in all cases.

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