ANNEXURE - II

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

MEDICAL CHARGES REIMBURSEMENT FORM

(Outdoor Treatment)

Name and Designation of Employee ……………………………………………………………

Department ……………………………………………………………

Basic Pay & Pay level ……………………………………………………………

Name of Patient & Relation with the claimant ……………………………………………………………

Period of illness ……………………………………………………………

Present Address ……………………………………………………………

Place at which the patient fell ill ……………………………………………………………

Particulars of treatment ……………………………………………………………

Name of Hospital ……………………………………………………………

Name of Consulting Doctor ……………………………………………………………

Sl. no.	**Particulars**	**Invoice No and Date**	**Details of Medicine /Tests /Others(Kindly mention each item of Invoice)**	**Amount Claimed (Rs.)**
01.	Consultation Charges			
02.	Cost of Medicines			
03.	Others			
			Total (Rs.)	

04. Laboratory Test

Sl. no.	**Name of lab test**	**Invoice No and Date**	**CGHS rate serial no.**	**Amount Claimed (Rs.)**	**Amount Admissible as per CGHS rate**
01.					
			Total (Rs.)		

(Signature of verifying doctor)

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I hereby declare that the statement in the form and the documents provided are genuine and are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

Date……………………………………………. Signature of claimant

ESSENTIALITY CERTIFICATE

I, Dr……………………………………………………hereby certify that Mr/Mrs./Dr./Prof./ Ms………………………………………………..Suffering from………………………..and is/was under my treatment from…………… to……………………and that the above-mentioned medicines/test were prescribed by me in this connection.

This claim is verified for Rs………………………………………………..

(Signature of Medical Officer/ Visiting Doctor)

Designation & Seal

Dated………………………………….

Hospital/Dispensary

Entered in Register at S. No……………………………

Dated…………………………………………………………

List of Enclosures:1) …………………………

2)………………………….

3)……………………………

4)…………………………….

ACCOUNTS SECTION USE ONLY

Passed for Rs…………………………………………………………………………………………………

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Accountant Assistant Registrar Registrar (I/c)