

ANNEXURE - III

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM
MEDICAL CHARGES REIMBURSEMENT FORM
(Indoor Patient)

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

Admission No. and date

	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.	Laboratory Tests			
04.	Surgical Operation/Treatment			
05.	Ambulance Charges			
06.	Bed Charges			
07.	Others			
			Total (Rs.)	

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

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(Indoor Patient)

List of Enclosures:1)

2).....

3).....

4).....

5).....

ACCOUNTS SECTION USE ONLY

Passed for Rs.....

Accountant

Assistant Registrar

Registrar (i/c)