

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

MEDICAL CHARGES REIMBURSEMENT FORM

Name and Designation

Office in which Employed

Basic Pay

Name of Patient & relation with the claimant

Period of illness

Present Address

Place at which the patient fell ill

PARTICULARS OF TREATMENT

S.No	Cash Memo No. & Date	Name of Medicines in capital letters	Cost in Rs.
		Total A	
S.No	Cash Memo No. & Date	Laboratory Tests / Ambulance / Consultancy / Indoor Room / Others (Specify)	Cost in Rs.
		Total B	
		Total Claim (A+B)	

I hereby declare that the statement in the application 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

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

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.....

ACCOUNTS SECTION

Passed for Rs.....

Accountant

FI-HCS

Assistant Registrar

Registrar (i/c)

Received a sum of Rs.