

## ANNEXURE - III

# NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

## MEDICAL CHARGES REIMBURSEMENT FORM

### (Indoor Patient)

Name and Designation of Employee .....

Department .....

Basic Pay &amp; Pay level .....

Name of Patient &amp; 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			
		<b>Total (Rs.)</b>		

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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**NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM**

**MEDICAL CHARGES REIMBURSEMENT FORM**

**(Indoor Patient)**

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List of Enclosures:1) .....

2).....

3).....

4).....

5).....

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ACCOUNTS SECTION USE ONLY

Passed for Rs.....

Senior Superintendent

Assistant Registrar

Registrar