

# 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			
<b>Total (Rs.)</b>				

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.					
<b>Total (Rs.)</b>					

(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.....

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List of Enclosures:1) .....

2).....

3).....

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**ACCOUNTS SECTION USE ONLY**

Passed for Rs.....

Senior Superintendent

Assistant Registrar

Registrar