



राष्ट्रीय प्रौद्योगिकी संस्थान दुर्गापुर
NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR
CLAIM FORM

(Application Form-Claiming Consultation Fees, Cost of Medicines/Investigation Charge etc.)

- A.** Name of the staff (in block letters) :
- B.** Staff/Emp. ID No. :
- C.** Designation& Department :
- D.** Medical Booklet No. of the Patient :
- E.** Full name of the patient :
- and relationship & Age :
- F.** Particulars regarding medical expenses :

| Sl. No. | Name of Medicine/Investigation/ Consultation | Qty./ Nos. | Details of Expenditure, Cash Memo/Money Receipt No. &Date | Cost in Rupees |
|-----------------|--|------------|---|----------------|
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| | | | | |
| (Rupees | | | | only) |

DECLARATION: I do hereby declare that the patient is fully dependent upon me and his/her income from all sources including pension and pension equivalent of DCRG benefit and exclusive of the relief on pension sanctioned after January 1st, 2016 is less than Rs. 9,000.00 (Nine thousand only) plus the amount of Dearness Relief admissible on Rs. 9,000/- (Nine thousand only) per month on the date of consideration of the claim.

Full Signature of the Claimant with Date

**ESSENTIALITY CERTIFICATE WITH REGARD TO THE MEDICAL
REIMBURSEMENT CLAIM AS IN PRE-PAGE**

I hereby certify that:

- a) The medicine(s) (as claimed for reimbursement on pre-page) prescribed in this connection were essential for the recovery/prevention of serious deterioration of the patient. This/these medicine(s) is/are not stocked in the N.I.T. Medical unit for supply to the patient.
- b) The investigation(s) has/have been made on the basis of the recommendation of the Medical Officer (if applicable).
- c) Prescribing authority of the medicine/tests as claimed whether it is by MO-N.I.T. Medical Unit or MO-DSPH or MO-SDH/ any Registered Medical Practitioner
- d) Name of the ailment from which the patient is/was suffering with regard to the claim.....
.....
- e) Treatment period of the patient for which the claim in question is related from.....
- f) The claim is in commensurate with the prescription in the medical booklet as mentioned by the claimant in pre-page.

Signature of the M.O. /Registered Medical Practitioner with Date

N.B. (i) Please strike out which are not applicable, ii) certificate(s) is compulsory and must be filled in by the Medical Officer in all cases.

Admitted Rs. _____ (Rs. _____ only)

Joint Registrar (Estb.)/Registrar

Pay Rs. _____ (Rs. _____ only)

Joint Registrar (Finance & Accounts)

Received Rs. _____ (Rs. _____ only)

Signature of the Claimant with Date

Paid Rs. _____ (Rs. _____ only),

vide Cheque No. _____ dated _____ under Cheque no. _____ date _____

Cashier

Joint Registrar (Finance & Accounts)/ Registrar

ct./-