



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
Medical Claim Form

(For lab tests and purchase of medicines prescribed by IIT doctors)

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of students, members of staff of the Indian Institute of Technology and their families. (N.B. separate form should be used for each patient)

***I. Status Information for the claimant (in Block Letters) -**

- a) Name of Employee / Student (Claimant) :
b) Employee No./ Student Roll No. :
c) Department/ Section/ Centre/ Cell :
d) Contact no. and e- mail id (@iitg.ac.in) :
e) Name of the patient and relationship (or self) :
f) Bank A/c no. , IFSC, Bank name and branch :

f) (Particulars of Cash Memo of medicines purchased and lab tests undertaken) (***Please submit Cash Memo / Bills in original only**)

Sl. No.	Particulars	Amount

TOTAL AMOUNT CLAIMED (in ₹)

g) Prescription of IITG doctor attached : Yes/No

DECLARATION TO BE SIGNED BY THE EMPLOYEE/STUDENT

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/ and that the person for whom medical expenses were incurred is wholly dependent upon me and is not an earning member of the family.

Date :

Signature of the Claimant

FOR OFFICE USE ONLY

Medical Section

Inadmissible Amount :

Reasons for Inadmissibility :

Recommended an amount of Rs..... towards the claim.

***Lab Reports: Checked/ Not Checked**

Dealing Assistant

CMO/MO

CMO & HOS

Finance & Accounts Section

Checked and passed for payment of Rs..... towards the claim.

Dealing Assistant

JR/AR (F & A)

**Indicates mandatory*