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# INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

 **Medical Section**

 **Form - 8**

###### Application for reissue of Medical Record Book**(to be submitted by THE INSTITUTE Faculty/Staff )**

I, Dr./Mr./Ms……………………………………………..………..……...……………………….. Designation …….………..……..…… of Dept./Section/Centre/Cell.……………………………………… want to inform you that, I/ my dependent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Dependent)\_\_\_\_\_\_\_(Relation) have lost my/his/her Medical Record Book and therefore kindly issue a new book with Book no.\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Employee**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp\_No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dept./Section/Centre/Cell\_\_\_\_\_\_\_\_

(For official use)

Dr./Mr./Ms.…………………………….……dependent of Dr./Mr/Ms…..………………………… Designation …….………………………………. Dept./Section/Centre.…………………………………………… is issued a new medical record book on ……………………… as such, an amount of Rs. *250 /- / 750 /-* may be deducted from his/her salary as fine from the month of …………………….

For approval please.

Jr./Sr. Assistant/Superintendent

HoS (Med.)

 To,

 **The** **Registrar, IIT Guwahati**