



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
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