



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR

रूपनगर, पंजाब--140001, Rupnagar, Punjab-140001

Medical Claim Form - For Outdoor (Part A) /Indoor (Part B) Treatment

Form of application claiming reimbursement of medical expenses incurred in connection with medical attendance and/or treatment for self and family members/dependents.

1. Name & Designation of Govt. Servant (In Block Letters) : _____
(i) Whether married or unmarried : _____
(ii) If married, the place where wife / husband is employed : _____
2. Employees Code No. : _____
3. Dept. & Section : _____
4. Pay of Govt. Servant (Pay Level) : _____
5. Residential address : _____
6. Name of the patient & his /her relationship with the Government Servant (in case of Children state age also) : _____
7. Place at which the patient fell ill : _____
8. Details of the amount claimed : _____
9. Contact No. of Employee : _____
10. Bank Details of Beneficiary (Account No. & IFSC Code) : _____

I. Medical Attendance

(i) Fee for consultation indicating-

- (a) the name & designation of the Medical Officer/Consultant : _____
consulted and hospital or dispensary visited
- (b) the number and dates of consultation and the fee paid : _____
for each consultation
- (c) the number & dates of injection & the fee paid for each : _____
injection

(ii) Charges for pathological, Radiological or other similar tests undertaken during diagnosis indicating the test name and the charges incurred

- (a) Name of the hospital or laboratory where any radiological tests were undertaken: _____

(iii) Cost of medicines purchased from the market: _____

(Original Cash memos with GST No. (Preferable computerized bill attached) each medicine should be mention separately

II. Consultation with Specialist

Fee paid to specialist or a medical officer other than the authorized medical attendant indicating

- (a) The name & designation of the Specialist or medical officer consulted and the hospital to which attached. : _____
- (b) Number & dates of consultations and the fees paid : _____
for each consultation

11. Total amount claimed : Rs. _____
12. Less advance taken : Rs. _____
13. Net amount claimed : Rs. _____
14. List of Enclosures : _____

[CERTIFICATE/DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT]

- (I) Certified that I, _____, employed at IIT Ropar and not availing the medical facilities or financial / medical allowances in lieu thereof either for myself / or the members of my family from any (other) source. I hereby declare that the statements in the 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. I will be solely responsible for this.

Date: _____

Signature of Government Employee

(PART A - For Outdoor Patients, OPD)

Declaration

A. For Medicine(s)

S.No	Name of Medicine(s)(attach extra sheet if require)	Price (Rs.)	S.No.	Name of Medicine(s)	Price (Rs.)
TOTAL			TOTAL		

Remarks (To be filled by Medical Centre)	Amount Allowed

B. For Investigations/ Tests & Outdoor Procedures

S. No.	Name of Investigations/Tests/Outdoor Procedures (attach extra sheet if require)	Amount Claimed	CGHS Rate (To be filled by Medical Centre)
Total			

I am solely responsible for any discrepancy if found in the incurred bill or if the statement is found to be incorrect in respect of following medicines/ tests:-

Date: _____

Signature of Employee

It is certified that the patient has purchased the medicines and undertaken tests/procedures as per the prescription of the treating doctor.

Checked & Verified by Dealing Assistant
Pharmacist/Staff Nurse
Medical Centre, IIT Ropar

Medical Officer
IIT Ropar

PART-B For Indoor Patients-IPD
(To be verified by the Treating Doctor/Hospital Superintendent)

Essentiality Certificate for IPD:-

I certify that the patient has been under treatment at the _____ hospital and that the expenditure of Rs. _____ was incurred, vide bills and receipts attached, and was essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature & Designation of Medical Officer
Incharge of the case at the Hospital

Indoor Patient-IPD Expenses Information
(To be filled by the Medical Centre)

For Indoor Patients	Amount claimed (In Rupees)	Amount Allowed (In Rupees)	Remarks
Room Rent			
Operation / Procedure charges			
Others			

Checked & Verified by Dealing Assistant
Pharmacist/Staff Nurse
Medical Centre, IIT Ropar

Medical Officer
IIT Ropar

Countersigned
(Medical officer /authorized Medical Officer for this purpose, IIT Ropar)

I certify that the patient has been under treatment at the _____ and the facilities provided were minimum which were essential for the patient's treatment.

**Medical Officer/Authorised
Medical Officer, IIT, Ropar**

(For Use by Audit Section)
(Pre-Audit Payable Amount exceeds Rs. 50,000/-)

Internal Audit Comments _____

Dealing Assistant

AR/DR (Audit)

(For Use by Accounts Section)

Items	Amount claimed (In Rupees)	Amount Allowed (In Rupees)	Remarks
Medicine			
Tests			
Room Rent			
Operation / Procedure charges/others specify			
TOTAL			

Processed payment of Rs. _____ (Rupees _____ only).

Entered in medical reimbursement register page no _____ Sr. No. _____.

Expenditure debitable to :-

Medical Expenses Non-Taxable _____ Medical Expenses Taxable _____

[JA/JAA]

[JAO/AO]

[AR/DR]

[Sr. A.O. (Audit)]

[Registrar]