



राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(Institute of National Importance)
G.E. Road, Raipur – 492010 (C.G.)

Form-I

FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT

(See Rule [8] I)

(N.B. – SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

1. Name and Designation of Government _____
Servant in block letters
2. Department/Section in which employed _____
3. Basic & Grade Pay _____
4. Actual residential Address. _____
5. Name of the patient and his/her relationship _____
with Government Servant.
In the case of children state :
 - (i) Date of birth _____
 - (ii) Serial Number in order of birth _____
 - (iii) Total number of children _____
6. Place at which patient fell ill _____
7. Name of illness and duration _____
8. Name of Dr./Hospital where treatment taken _____
9. Whether hospital is authorised by Central _____
Government/State Government/ CGHS Rules/
CS (MA) rule/ Institute empanelled hospital/
any other hospital/clinic*. (Please mention
appropriate one and also attach the supportive
Documents) _____

**In Case of treatment taken from any other hospital/clinic, please attach a proper justification for the same*

10. Treatment taken as _____ : OPD Patient/Admitted patient
11. Details of the amount claimed. _____
 - A - **Treatment (As OPD Patient):-**
 - (i) (a) Fees of consultation paid - _____
(b) The number and dates of
consultation. (Pl. attach receipt) _____
 - (ii) Charge for pathological, bacterio
logical, radiological or other similar
tests under taken during diagnosis
indicating. _____
 - (a) The name of the hospital or
laboratory where the test
undertaken and. _____
 - (b) Where the tests were undertaken
on the advice of the authorised
medical attendant and if so, certificate
to that effect should be attached. _____
 - (iii) Cost of medicines purchased
from the market (List of medicines,
Cash memo and the essentiality
certificate should be attached) _____

B- Hospital treatment (As Admitted Patient)-

- Charges for hospital treatment including separately the charges for- _____
- (i) Accommodation state whether it was according to the states or pay of the Government Servant & in cases where the accommodation in the higher than the status of the Government servant a certificate should be attached to the effect that accommodation to which he was entitled was not available. _____
- (ii) Dist. _____
- (iii) Surgical operation or Medical treat- _____
- (iv) Pathological bacteriological or other similar tests indicating- _____
- (a) The name of the hospital or laboratory at which undertaken and _____
- (b) Whether undertaken on the advice of the medical officer In-charge of the case at the hospital if so a certificate to that effect should be attached. _____
- (v) Medicines. _____
- (vi) Special Medicines. _____
(List of medicines cash memos & the essentiality certificate should be attached)
- (vii) Special nursing i.e. nurses specially engaged for the Patient-State whether they were employed on the advice of the medical officer in-charge of the case at the hospital or at the request of the Government servant or patient in the former case a certificate from the M.O.I.C. Superintendent of the hospital should be attached. _____
- (viii) Any other charges e.g. charges for electric light fan, heater, air-conditioning, etc. State also what are the facilities referred to are a part of facilities normally provided to all Patients and no choice was left to Patient. _____

Note – If treatment was received by the Government servant at his residence give particulars of such treatment and attached certificate from authorised Medical attendant.

12. Total amount claimed. _____
13. List of enclosures. _____
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Particulars of Amount claimed

S.N.	Name of Medical Shop/ Pathology Lab/Consultation Fee	Bill No. and Date	Amount Claimed	For Office use only	
				Admissible amount	Remarks of Medical Officer (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL:					

UNDERTAKING

- I (name) _____ am a regular Employee/Officer of NIT Raipur. I hereby declare that I am entitled for Medical Reimbursement claim from the Institution for self & my dependent family members. I also declare that any kind of excess payment given to me Medical Reimbursement claim, may be recovered according to the norms of the Institution.
- I also declare that Shri/Smt./Master _____ aged _____ years for whom the medical treatment was taken is my _____ (relationship) and is fully depended upon me & his/her name is also entered in my service book. I also declare that I have applied this Medical Reimbursement claim only at NIT Raipur.
- I also declare that treatment taken from _____ (name of hospital) is authorised by Central Government/State Government/CGHS Rules/ CS (MA) Rule/Institute empanelled hospital/ any other hospital/clinic _____* (please tick appropriate one and also attach the supportive documents).

* In Case of treatment taken from any other hospital/clinic, please attach a proper justification for the same.

I hereby declare that the statements in application are true to the best of my knowledge.

Signature of Employee _____

Mobile No.

For Office Use only

It is verified from office record that Shri/Smt. is a regular employee of NIT Raipur and patient is dependent of him/her.

Joint Registrar

Medical Officer

Verified. Payment of Rs. may be approved.

Dean (FW)

Medical Officer