NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

TADEPALLIGUDEM – 534102, WEST GODAVARI DIST., ANDHRA PRADESH, INDIA.

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 - **<u>Treatment (As OPD Patient)</u>**:-

(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 were 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- **<u>Hospital treatment (As Admitted Patient)</u>**–

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. _____

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:				

- **Separate list should be attached if inadequate**

UNDERTAKING

1. I (name) _____am a regular Employee/Officer of NIT TADEPALLIGUDEM. 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.
2. 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 TADEPALLIGUDEM
3. 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:

JOINT DECLARATION

We the undersigned hereby declare that for the reimbursement of medical expenses incurred on the medical the claim will be preferred by Shri/ Smt.---------- ------- to his /her office and that no claim on this account will be preferred by Shri/ Smt. ---- ---------- to his/her office/others in respect of any member of the family. This declaration shall remain in force till such time as it is revised by us in writing.

Husband **Wife**

Name & signature : **Name & signature:**

For Office Use only

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

Superintendent Admin

Verified. Payment of Rs. ..... may be approved.

Medical Officer **Associate Dean (Medical)** **Registrar i/c / Director**

Note-: Registrar i/c up to an amount of 1,00,000/-Rs. Over and above the Director is the sanctioning authority.

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Asst Registrar (Accounts)