

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of project staff recruited through IRCC, IIT Bombay and their family.

*I. Status Information of the Claimant*

<b>Name of Claimant :</b>		<b>Employee Code No. :</b>	
Designation :		Department :	
Name of PI :	Prof.	Project Code :	

*II. Information regarding the Patient*

Name of Patient :		Relationship with Claimant :	
Description of illness :			
Since when fell ill :		Place where fell ill :	

III. Amount claimed and details thereof and charges for Pathological, Bacteriological, Radiological and other similar tests undertaken, during diagnosis indicating

A. Name of Hospital, Consultancy Room or Laboratory where tests/consultancy undertaken :
B. Whether tests undertaken on advice of Doctor of IIT Hosiptal : Y / N Name of Doctor :
C. Number and dates of consultation and fee paid for each consultation at Hospital/ Consulting Room/ Residence (Attach separate sheets if nessecary )

Sr. No.	Date of Consultation	Fee paid on each visits/test	Details of Visit/Test
01			
02			
03			
04			
05			
Total (I)			

D. Cost of Medicines purchased from Market ( List and Cash Memos to be attached) (II) :

**Total Amount claimed ( I +II) : Rs.**

**Advance Taken : Rs.**

**Total Number of Enclosures :**

**DECLARATION TO BE SIGNED BY THE CLAIMANT**

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/and that the person for whom medical expenses were incurred is wholly dependant upon me and is not an earning member of family. Also I have not claimed this amount from any other sources.

Date : / /200

Signature of claimant

For Office use only

Countersigned and certified that the net claim of Rs. /- i) is genuine ii) is covered by rules and orders on the subject iii) is supported by bills and other certificates etc., iv) was not drawn before and v) has been verified and countersigned/ sanctioned by me.

Date :

Asst. Registrar ( R & D)

Dean ( R & D) :

A claim of Rs. /- ( Rupees  
Dean (R & D ) and reimbursed vide bill No.

Dtd. / / 200

only) is herby sanctioned by

Concern Clerk( Admin Section)