

**INDIAN INSTITUTE OF TECHNOLOGY  
BHUBANESWAR – 751 013**

***Application for Claiming Refund of Medical Expenses Incurred in Connection  
with Medical Attendance and /or Treatment of Institute Employees and their Families.***

***To be used for Outdoor Treatment at approved Hospital .....***

**N. B.: Separate Form should be used for each patient.**

1. Name of Employee (In Block Letters) :  
Designation :
2. Department / Centre / School/ Section in which employed :
3. Pay of the employee as defined in the Fundamental Rules and any other emoluments, which should be shown separately :
4. Place of Duty :
5. Residential Address:
6. Name of the Patient :  
Relationship to the Employee :  
N. B.: In the case of children state age also
7. Place at which the patient fell ill:
8. Nature of illness and its duration :

Details of the amount claimed :-

i)	<b>Fees for consultation indication</b>	
a)	The name and designation of the medical officer consulted and the hospital or dispensary to which attached	
b)	The number and dates of consultations and the fee paid of each consultation	
c)	Whether consultations were held hospital at the consulting room of the medical officer or at the residence of the patient	
ii)	<b>Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating</b>	
a)	The name of the hospital or laboratory where the tests were undertaken	
b)	Whether the tests were undertaken, on the advice of the authorized medical attendant; if so, a certificate to that effect should be attached	
iii)	<b>Cost of medicines purchased from the market (List of medicines, cash memos and the essentiality certificates should be attached): Rs. ....</b>	

9. Total amount claimed :

10. List of enclosures :

**DECLARATION TO BE SIGNED BY THE EMPLOYEE**

I hereby declare that the statements 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 dependent upon me in accordance with CS (MA) Rules, 1944 as amended from time to time.

Certified that my wife is an /not an earning member of my family / and reimbursement has not been claimed at her source of employment.

Certified that my parent is wholly dependent on me and his monthly income is less than Rs.3500/- pm and he has been staying with me.

Date : .....

Signature of employee

Department / Centre / School/ Section to which attached .....

**FORM FOR TREATMENT BY APPROVED HOSPITAL -----**

Certificate granted to Mrs./ Mr./ Miss..... wife / son/ daughter of  
Mr. .... employed in the .....

**Essential Certificate : A**

*(To be completed in the case of patients who are not admitted to hospital for treatment)*

1. Dr. ....hereby certify :

- a) that the injections administered are not for immunizing or prophylactic purposes:
- b) that the patient has been under treatment at the Technology Hospital / my consulting room and that the under mentioned medicines prescribe by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the Technology Hospital for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

c)

	Name of Medicines	Quantity	Price	
			Rs.	P.
1				
2				
3				
4				
5				
6				

- d) that the patient is / was suffering from .....and is / was under my treatment from ..... to .....
- e) that the patient is /was not given pre-natal or post-natal treatment
- f) that the X-ray, Laboratory tests, etc. for which the expenditure of Rs. ....was incurred were necessary and were undertaken on my advice at ..... Hospital.
- g) that I referred the patient to Dr. .... for specialist consultation; and
- h) that the patient did not require / required hospitalization.

Signature of Medical Officer with date

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**TO BE USED IN THE ACCOUNTS DEPARTMENT**

(Receiving date stamp of Accounts Department)

Passed for payment for Rs. .... (Rupees .....only)

**ACCOUNTANT**

Countersigned and certified that the claim:

i) is genuine ii) is covered by the rules and orders on the subject, iii) is supported by bills, receipts and other certificates, etc. iv) was not drawn balance and v) has been sanctioned by me.