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| Sample image | भारतीय प्रौद्योगिकी संस्थान भुवनेश्वरINDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**OUTDOOR CLAIM FORM** |
| *Application for claiming refund of medical expenses incurred in connection with medical attendance and /or treatment of institute employees and their dependant family members.* |
| **[Separate form should be used for each patient.]** |
| Employee Details | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employee Code.)\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department / Centre / School/ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Basic Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Patient Details | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to the Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DETAILS OF THE AMOUNT CLAIMED**

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| --- | --- | --- |
| a) | Fees for consultation | Rs.  |
| b) | Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis | Rs.  |
| c) | Cost of medicines purchased from the market. | Rs.  |
| d) | Advance drawn, if any  | Rs.  |
|  | Total amount claimed (a+b+c - d)  | Rs.  |
| (In Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| **Attachments**1. Self-certified Prescription copy for the above a, b, c categories, as applicable. 2. Self-Certified Original Cash Memo/ Receipt towards the above a, b, c categories, as applicable. |

I hereby certify that the patient, for which the claim is made, is myself/a dependent member of my family. I also certify that the claim is genuine and this bill has not been claimed before.

 Signature with Date

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*(Note: The form is to be printed preferably on a single page back to back)*

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| Sample image | भारतीय प्रौद्योगिकी संस्थान भुवनेश्वरINDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**OUTDOOR CLAIM FORM** |
| **TO BE USED IN THE SANJEEVAN HEALTH CENTRE** | **(Receiving date stamp)** |
| Amount Claimed: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Deducted: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)Net Amount Payable: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (in Words): Rupees……………………………………………………………………………………only) |
| Dependency verified. The prescription and the cash memo(s)/Receipt(s) are found to be in order.   Signature with Date (Dealing assistant)Countersigned and certified that the claim **i)** is covered by the rules and orders on the subject, and **ii)** has been recommended.Additional Remarks (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature with Date Signature with Date (MO) (SMO/CMO/PIC) |
| **TO BE USED IN THE ACCOUNTS DEPARTMENT** | **(Receiving date stamp)** |
| Passed for payment for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in Words: Rupees …………………………………………… ………………………….……………………………………………………………………………. only) Countersigned and certified that:1. The claim is supported by bills, receipts and other certificates, etc.
2. The advance drawn by the claimant is \_\_\_\_\_\_\_\_\_\_, which has been duly considered in the claim.

Signature with Date ACCOUNTANT |

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