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| Sample image | भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर  INDIAN 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**

|  |  |  |
| --- | --- | --- |
| 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 भुवनेश्वर  INDIAN 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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