

National Institute of Technology Sikkim

Ravangla Campus, Burfung Block, South Sikkim-737139

Medical claim form

Name and Designation of the Employee/Students (In Block Letters):

Employees Identity No/Students Roll No.: _____

Basic Pay: _____

Dept./Section/Office: _____

Residential address: _____

Bank Account Details.(SBI/HDFC/Bank): _____

Name of the Patient: _____

Relationship to the employee & his/her Medical Booklet Code No. _____

In the case of children, state age, date of birth and marital status. _____

Place at which the patient fell ill _____

Nature of illness and its duration: _____

Amount claimed:

Advance Drawn:

MEDICAL ATTENDANCE

(a) Name of Hospital: _____

(b) Name & designation of treating Physician/Surgeon: _____

(c) The dates of Medical Attendance/Treatment: _From_____ To_____

(d) Whether referred by the NIT medical unit, if not, reason for not getting referred.

CERTIFICATE FROM THE TREATING HOSPITAL/DOCTOR

(For Indoor/Admitted Patients only)

Certified that Prof./Dr./Mr./Ms. _____ son/daughter/wife of _____ was under my treatment (diagnosis) as an Indoor patient at _____ Hospital from _____ to _____.

Name and Designation of treating Physician/Surgeon: _____

(Counter signature & Stamp of Medical Superintendent of Treating Hospital)

Details of medical claim

S.N.	Items	Amount claimed	Remarks/Reason
1.	Medicine		
2.	Tests		
3.	Room rent		
4.	Consultation/Operation/Procedure charges etc.		
	Total=		

Visiting Doctor

FI Medical Unit

Assistant Registrar