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/Tteatment: _FromTo

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

DECLARATION TO BE SIGNED BY THE EMPLOYEE/STIDENTS OF THE INSTITUTE

i hereby deciare that the statements	in this application are true to the best of my
knowledge and that Prof./Dr./Mr./M	s (Relation)
for whose	medical treatment expenses were incurred is
wholly dependent upon me.	
Date:	(Signature of Employee/Student)
NB: -Please enclose original OPD treatmer	nt card of recognized hospital and NIT Sikkim Health
_	·
Card of patient for necessary action b	y medical unit and account section of NIT Sikkim.

Details of medicines which are left returned to NIT Sikkim:

S.N.	Items	Quantities	Remark

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 M	edical Superintendent of T	reating 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