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NATIONAL INSTITUTE OF TECHNOLOGY
Bhopal-462 051

**MEDICAL CLAIM
FORM**

		Employee Code	
		Designation	
Employee Name		Department	
Residential Address		SBI Bank A/c No.	
		Pay in Pay Band	
Patient's Name & Relationship with the employee		In case Patient is a child	
		Date of Birth	or Age must shown
Patient's Occupation		Number in order of birth	
Monthly income of Patient (All sources)		Total Number of children	
Nature of illness		Name of Medical officer	
Duration of illness		Hospital / Dispensary	

Declaration of the employee

I hereby declare that the statements in this application are true to the best of my knowledge and belief. I further declare that the person on whom medical expenditure were incurred is wholly dependant upon me.

Date

Signature

Details of Amount claimed

A : Consultation Fees & Injection charges				
		Quantity	Different dates	Amount
1.	Consulation			
2.	Injection			

B : X-ray, Laboratory & hospital charges

Lab / Hospital Name	Cash Memo		Name of Investigation	Amount
	No.	Date		

C : Medicines & Surgicals				
Name of Medical /Surgical Stores	Cash Memo		Name of Medicines/Surgicals	Amount
	No.	Date		
Total Amount Claimed by an Employee				
In Figure		In Words		

CERTIFICATE BY DOCTOR / HOSPITAL	
<p>Certified that the patient mentioned at form had been under my treatment as indoor/outdoor patient and the above mentioned medicines, Surgicals & investigations had been prescribed were absolutely essential for the treatment of the patient</p>	
Date	Signature of doctor with seal

For Institute Use			
Dispensary			
<p>Certified that the patient has been under taken indoor/outdoor treatment on my advice for which an expenditure of Rs. _____ was essential for recovery/prevention of the patient.</p>		<p>Cash memos & receipt have been checked and verified. Payment of Rs. _____ may be approved.</p>	
Institute Doctor		Checked by	Verified by
			D.D.O.

N.B. (1) Separate form should be used for each patient. (2) List of medicines cash memos and essentially certificate should be attached sequentially. (3) All the columns are mandatory to fill.