



राष्ट्रीय प्रौद्योगिकी संस्थान राउरकेला
National Institute of Technology Rourkela

FORM – ES / 16

MEDICAL EXPENSES REIMBURSEMENT BILL

No. – NITR/..... Date : /..... /20.....

Name : Prof./Dr./Mr./Ms. Emp. Code / Roll No. :

Department : Designation : Pay Level: Present Basic Pay : Rs.

Name of Patient : Relationship with Employee :

Nature of illness :

Whether referral/permission for the said treatment is granted by Institute : YES / NO ; If Yes, Letter/Office Order No.....
Date (please enclose a copy)

If No, the reason for not seeking prior permission of competent authority :

DETAILS OF MEDICAL EXPENDITURE

OUTDOOR TREATMENT

- i) Name of the Hospital & Consulting Doctor :
- ii) Date(s) of Consultations & Total consultation fee paid :
- iii) Cost of charges for Lab/Radiological or other Investigation undertaken :
- iv) Cost of Medicines :
- v) Any Other Charges (Details to be given) :

INDOOR TREATMENT

- i) Name of the Hospital :
- ii) Date of Admission & Discharge : &
- iii) Name(s) of Treating Doctor & Specialists :
- iv) Expenses incurred on:
- (a) Consultation Fees :
- (b) Medicines :
- (c) Operation Charges :
- (d) Lab/ Radiological Investigation etc :
- (e) Ward Charges/Hospital Room Rent :
- (f) Any Other Charges (Details to be given) :

Total amount claimed :

I, Prof./Dr./Mr./Ms. hereby declare that the claims made above are based on the actual amount spent by me and have not been claimed by me and/or paid to me from any other source. The statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is dependent upon me.

An advance of Rs. was drawn by me on. may be adjusted against this claim.

***Forwarded** [to ES / F&A office]

* Claims with referral order shall be forwarded to F&A office and without referral order shall be forwarded to ES office.

Signature of the HOD/HOC/HOO

Signature of the Claimant

N.B. – Please enclose original Bills of Medicine, Consultation and other Fees alongwith the photocopies of Doctor's prescription and investigation reports in support of claim.

FOR OFFICIAL USE ONLY

The above bill has been verified in accordance with NIT Rourkela Medical Attendance Rules and the following claims are admissible:

#	HEAD OF EXPENSE	ADMITTED BY F&A OFFICE	ADMITTED BY IA OFFICE
(a)	Consultation Fees		
(b)	Medicines		
(c)	Operation Chagres		
(d)	Lab/ Radiological Investigation etc		
(e)	Ward Charges/Hospital Room Rent		
(f)	Any Other Charges		
Grand Total			
Less: Advance			
Payable (Recoverable)			

 Dealing Asstt. Office Supdt. **JR/DR/AR (FA)**

 Dealing Asstt. Office Supdt. **JR/DR/AR (IA)**

Under Rs. (Rupees

 only).

Jt./Dy./Asst. Registrar (FA)

Passed for Rs. (Rupees

 only).

Registrar/Dean(FW)/Director

Dealing Asstt. (Cash / Cheque)
 Please pay by Cash / Cheque/Bank Transfer an amount as passed above by the competent authority.

Jt./Dy./Asst. Registrar (FA)

Paid by CASH /CHEQUE/BANK TRANSFER vide
 No. Dated –/...../20.....

DA (Cash / Cheque) Office Supdt.