

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR
FORM OF APPLICATION**

P.F. No./Roll No.....

1. Name, Designation, Department

2. Pay as defined in fundamental Rules Rs.

3. Actual residential address

4. Name of the patient and his/her relationship
To the employee (in the case of children
state age also) and the place patient fell ill.

5. Details of the claimed:

i) Medical Attendance:

a) Name and designation of the Medical Adviser

b) Number and dates of consultation and fee paid
for each consultation injection.

ii) Consultation with Specialist:

a) Name and designation of the Specialist

b) Number and dates of consultation and fee paid for each consultation.

iii) Charges for pathological bacteriological tests:

a) Name of hospital Lab. Where undertaken.

b) Whether undertaken on the advice of Medical Adviser/Medical Officer.

iv) Cost of Medicines Cash memo(s) to be attached:

6. Total amount claimed Rs. _____

7. Less advance taken Rs. _____

8. Net amount claimed Rs. _____

9. List of enclosures Rs. _____

DECLARATION

1. I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.
2. Certified that my father is not an earning member. He is wholly DEPENDENT upon me and is residing with me.
3. Certified that my FATHER is not an earning member and my MOTHER is WHOLLY DEPENDENT upon me. She is also residing with me.

N. B. - Certificate not applicable should be scored.

Dated _____ 2003

Signature of the Employee/Student

Indian Institute of Technology Kanpur

P. F. No/Roll No.

Tel:

CERTIFICATE - A

Certificate granted to Shri/Smt./ Kumari _____ (Indicate relation) _____ of Shri/Dr. _____

1. Dr. _____ hereby certify that I charged and received Rs. _____ (Rupees _____ only) at the residence of the patient after hospital hours.
2. That the patient has been under treatment at _____ hospital/my consulting room and the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. These medicines were not in stock in the IIT Kanpur hospital for supply to private patients and do not include proprietary preparations for which cheaper substance/substances of equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES (IN BLOCK LETTERS)

S. No.	Name	Qty.	Amount	S. No.	Name	Qty.	Amount

3. That the patient is/was suffering from _____ and is/was under my treatment from _____ to _____
4. That the X-ray, Laboratory test etc. dated _____ for which expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice, due to their non availability of Health Centre.
5. That I referred the patient to the _____ hospital which is the nearest entitled hospital from the place where the patient fell ill which in my opinion could provide the necessary and suitable treatment.
6. That I referred the patient to Dr. _____ Specialist M. O. in Government employment in the _____ for specialist consultation.

Signature and Designation of the
Medical Adviser/Medical officer

Date _____ 2003

(For Use in the Accounts Section)

S. No. _____ Date _____

- | | |
|------------------------------------|-------------|
| (a) Total amount of claim passed | - Rs. _____ |
| (b) Less advance drawn, if any | - Rs. _____ |
| (c) Net amount payable/recoverable | - Rs. _____ |

Checked by _____ Claim Prepared by _____

Please Pay Rs. _____ (Rupees _____)

Assistant Registrar

Deputy Registrar

Registrar