



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY GUWAHATI

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Bongora, Guwahati-781015, India

OPD Claim Form for Students

Application for claiming refund of medical expenses incurred in connection with OPD medical treatment for students. (B Tech/M.Tech/PhD Scholar)

**** All claims must be made within 3(three) months from the date of doctor's consultation/tests undertaken/medicines purchased.**

Total no. of attached documents including claim form: =

I. Status Information for the patient (in Block Letters) -

a	Name	RAMAVATH SRIDHAR
b	Programme	B.TECH
c	Roll No	2001159
d	Hostel Room No	531
e	Phone No	8367304815
f	Illness	Fungal Infection
g	Since when ill & place where ill	05/03/2023 and Boys Hostel IIITG

II. Bank Details

a	Account Holder's Name	RAMAVATH SRIDHAR
b	Bank Account No	62498774168
c	Bank / Branch Name	SBI
d	IFSC Code	SBIN0021379

III. Consultation Details:

a	Date of Consultation	01-04-2023
b	Fee paid	Rs. 100
c	Name & Designation of Medical Officer consulted	Dr. DERSHANA DEURI (DERMATOLOGIST)
d	Whether consulted at Hospital/ consulting Room of Doctor/ Residence	GNRC HOSPITAL GUWAHATI

IV. Amount claimed and details thereof

Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken, during Diagnosis indicating including Medicine costs and Doctor's Consultancy Fees (enter details below)

	Expense Details with cash memo no.	Date	Amount
1	OPD Registration 230401/181	01-04-2023	100
2	IO/23041/100288	01-04-2023	345
3	IO/230401/100272	01-04-2023	1046
4			
5			
6			
7			
8			
9			
10			
		Total	1491

(i) No. of Cash Memos attached : 3

Total amount claimed : 1491

DECLARATION TO BE SIGNED BY THE STUDENT

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/ and that the medical expenses were incurred by me and not anyone else.

Date: 05/04/2023

Signature

Countersigned and forwarded that the claim:

- i) is genuine
- ii) is supported by bills, receipts and other prescriptions/certificates etc.
- iii) was not drawn before and has been forwarded by me.

Date:

**Warden/Chief
Warden**

For Office Use:

- i) Claims are covered by the rules and orders on the subject
- ii) Bills & receipts and other certificates are found to be in order.

Admin Section:

Finance & Accounts Section:

SS/JA (Admin)

Date:

AR(F&A)

Date: