



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
FINANCE AND ACCOUNTS

REQUEST FOR MEDICAL ADVANCE

PhonesExtn. :

Date :

1. Application for Medical Advance for : Self / Dependent(*Delete whichever is not applicable*)
2. Details of the claimant:

Name of the Employee	Emp. Code	Designation	Dept./Centre/Section

3. Estimated expenditure:
(please enclose certificate of
estimated expenditure from
the Hospital)

4. Details of Advance:

Name of the patient	relationship	ailment	Amount(Rs.)	
			In figures	In words

DECLARATION TO BE SIGNED BY THE MEMBER OF THE EMPLOYEE/STUDENT

I hereby declare that the statements made in this application are true to the best of my knowledge and belief and that the person for whom medical expenses are to be incurred is wholly dependent upon me.

Date: _____

(Signature of the claimant)

FOR OFFICE USE OF MEDICAL SECTION

Details of sanctioned amount

Fund Code	Estimate amount	Amount to be approved (Rs.) (70% of the estimate amount)

Put up for recommendation

Recommended
CMO&HOS(M&H)

For Approval

***Approved from the fund code and an amount of Rs.....Rupees.....for
treatment as per details given above.***

Approved and Sanctioned
Director/Dy Director.