<div align="center">**Medical Claim Form**</div>
<div align="center">(For lab tests and purchase of medicines prescribed by IIT doctors)</div>

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of students, members of staff of the Indian Institute of Technology and their families. (N.B. separate form should be used for each patient)

I. Status Information for the claimant (in Block Letters) -
a) Name of Employee / Student (Claimant)   :
b) Employee No./ Student Roll No.   :
c) Name of the patient and relationship (or self)   :
d) Bank A/c no.   :
e) Break-up of Expenses –
(Particulars of Cash Memo of medicines purchased and lab tests undertaken) **(*Please submit Cash Memo / Bills in original only)**

Sl. No.	Particulars	Amount

TOTAL AMOUNT CLAIMED   :
f) Prescription of IITG doctor attached   **:** Yes/No

DECLARATION TO BE SIGNED BY THE MEMBER OF THE STAFF/STUDENT
I hereby declare that the statement made 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 and is not an earning member of the family.

Date :   _____
                                                                                             Signature of the Claimant

<div align="center">**FOR OFFICE USE ONLY**</div>

Medical Section
Inadmissible Amount   :

Reasons for Inadmissibility   :

Recommended an amount of Rs……………………………………………………………… towards the claim.

*Lab Reports :Checked/ Not Checked

_____   _____   _____
Dealing Assistant   **CMO(NFSG)**   **CMO(SAG)&HOS**

Finance & Accounts Section

Checked and passed for payment of Rs……………………………….…………… towards the claim.

_____   _____
Dealing Assistant   **DR/AR (F &A)**

Indicates mandatory