



डा बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR

Form AU_5/12

FORM FOR REIMBURSEMENT OF MEDICAL CHARGES

Name of the Employee _____ **Designation** _____ **Department** _____

Sr No.	Is it self Treatment or Relationship of patient with the employee	Disease as diagnosed	Name of medicines or other items on account of which expenditure was incurred	Amount of the bill	Period of Treatment	Place of posting	Reasons for incurring expn. at a place other than the place of duty	Remarks

Certified that (i) patients, as mentioned above are wholly dependent upon me and have got no other source of income. (ii) They reside with me at the place of my duty. (iii) The medicines purchased have been fully used. (iv) Registered No. of the medical Practitioner is.....

I also certify that the patient / claimant is not claiming any fixed Medical Allowance /pension as covered under C/S MA rules from his /her employer.

(Signature of the employee)

Name of the Employee :

Phone :

Certified that the medicines as detailed herewith are not available in the Campus Dispensary and are admissible under the Central Government Medical Attendance Rules 1940.

- NOTE:
1. Prescription should indicate:
 - a. No. of Reg. Medical Practitioner /AMA
 - b. Name of the Medicine in Legible handwriting
 - c. Quantity of the medicine to be purchased from the market.
 2. Cash Memo / Vouchers should be duly verified and attested by the employee concerned in token of payment having been made.
 3. Name of the medicine to be given in capital letter on the reverse
 4. Sanction of the competitive authority to be enclosed.
 5. Any Wrong Declaration is liable for disciplinary /Departmental action.

Senior Medical Officer