



**भारतीय सूचना प्रौद्योगिकी संस्थान राँची**  
**Indian Institute of Information Technology Ranchi**  
(An Institute of National Importance under an Act of Parliament)  
**Ranchi, Jharkhand, India**

**FORM OF APPLICATION FOR MEDICAL CLAIMS**

*Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment or Central Government Servants and their families*

N.B. Separate form should be used for each patient

1. Name and designation of Government servant / Employee – IIITR (in block letters)
  - i) Whether married or unmarried
  - ii) If married the place where wife/husband is employed
2. Office in which employed.
3. Pay of the Govt. Servant/ Employee – IIITR as defined in the fundamental rules and any other emoluments which should be shown separately
4. Place of duty :
5. Actual residential address :
6. Name of the patient and his/her relationship to the Govt. Servant/ Employee – IIITR  
(N.B.: in the case of children state age also)
7. Place at which the patient fell ill :
8. Name of illness and duration

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9. Details of amount claimed :

(i) Fees for consultation indicating :

(a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached.

(b) The number and dates of consultation and the fees paid for each consultation.

(c) The number and dates if infection and the fees paid for each injection.

(d) Whether consultation and / or injections were has at the hospital at the consulting room of the medical officer or at the residence of the patient

(ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating:

(a) The name of the hospital or laboratory where the tests were undertaken and

(b) Whether the test were undertaken on the advice of the authorized medical attendant if so, a certificate to that effect should be attached.

(iii) Cost of medicines purchased from the market.

(List of medicines cash memo's and the essential certificates should be attached)

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10. Total Amount Claimed (Rs.)

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11. Less advance taken on (Rs.)

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12. Net Amount Claim (Rs.)

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13. List of Enclosures

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**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the statement in the application are true to the best of my knowledge and believe and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date :

Signature of the Government  
Servant/ IITR Employee  
to which attached