



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
(An Institute of National Importance under MOE, Govt of India)
Chumukedima, Nagaland-797103

MEDICAL REIMBURSEMENT FORM

1. Name of the Employee :
2. Designation & Department :
3. Pay Scale :
4. Name of the Patient and his/her
Relationship with the Employee :
5. Name of the Hospital for Treatment :

6. Details of Claim (Full details to be filled in the Annexure enclosed)

Sl. No	Details of Expenditure	Claimed	CGHS Rate
1	Consultations		
2	Tests		
3	Medicines		
4	Others		
Total			

(Rupees _____ Only)

Declaration: I hereby declare the statements in the form are true to the best of my knowledge and belief and the person to whom medical expenditure were incurred is wholly dependent upon me.

(Signature of Employee with date)

Note:

1. Medical reimbursement has to be claimed within six (06) months from date of the bills.
2. Attach medical bills with prescription
3. Only eligible items under CGHS will be reimbursed.

Head of Account 36 Employee Medical Balance _____

Junior Assistant

Assistant Registrar

Registrar

Sanctioned/ Not Sanctioned

Director

ANNEXURE

Sl. No.	Bill No. with date	Consultation/Test/ Medicines/Others	Claimed	CGHS Rate
1.				
2.				
3.				
4.				
5.				
6.				
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18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
Total				

(Signature of Employee with date)