



National Institute of Educational Planning and Administration
17-B, Sri Aurobindo Marg, New Delhi-110016

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

(N.B: Separate Form should be used for each patient)

1. Name, Designation and Basic Pay
(IN BLOCK LETTERS) _____
2. Whether married or unmarried _____
3. If married, the place where
wife/husband is employed _____
4. Residential Address _____
5. Name of the Dependent Patient _____
6. Place at which the Patient fell ill _____
7. Nature of illness and duration _____
8. Name of the Registered Medical
Practitioner consulted _____

Details of the Amount Claimed

- i) Consultations _____
- ii) Injections _____
- iii) Laboratory Test _____
- iv) Medicine _____
9. List of Enclosures _____

Declaration to be signed by the NIEPA Employee

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

Signature of the NIEPA Employee
Date: _____

Passed for payment of Rs. _____ (Rupees _____)

(Finance Officer)

Essential Certificate

I certify that Shri/Smt./Km. husband/wife/son/daughter/mother of Shri/Smt./Kumari Employed in the National University of Educational Planning and Administration, New Delhi has been under my treatment for at my dispensary/consulting room during the period from to and that the under mentioned medicines prescribed were essential for recovery/prevention of serious deterioration in the condition of the patient. These medicines do not include proprietor preparations for which cheaper substances of equal therapeutic value are available, nor preparations which are primarily food, tablets or disinfectants.

Name of the medicine

Quantity

Cost

Signature of the doctor and his/her medical qualifications

Registration No.

Medical Council with which Registered

Date: