



**Rajiv Gandhi Institute of Petroleum Technology
(Assam Centre)**

Medical Reimbursement Claim Form (For students)

I am submitting herewith Medical Reimbursement claim of `..... (in words
) on account of Medical Expenditure incurred by me during
 the treatment in a clinic/hospital.

Sl. No.	Cash Memo/Bill/Receipt No. & Date	Amount (in Rs.)
TOTAL		

Declaration : I hereby declare that the amount claimed by me in the above table has been paid by me.

Signature with Date:
 Name :
 Roll. No. :
 Programme & Dept.....
 Mobile No.....

Bank Name.....
 Bank Account No.....
 Bank A/c Holder Name.....
 IFSC Code.....

Checked by

Verified

Approved

Centre In Charge

Institute Doctor

Convener, Institute Health Committee