

Rajiv Gandhi Institute of Petroleum Technology (Bangalore Centre)

Medical Reimbursement Claim Form (For students)

| | ting herewith Medical Reimbursen | | | | |
|----------------------|---------------------------------------|------------------|--------------------------------|---------------------|--|
| | ent in a clinic/hospital. | OII accc | unt of Medical Expenditure inc | curred by me during | |
| SI. No. | . Cash Memo/Bill/Receipt No. & Date | | & Date | Amount (in Rs.) | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | TOTAL | | |
| Decl | aration : I herby declare that the ar | nount claimed by | me in the above table has beer | n paid by me. | |
| Signature with Date: | | | Bank Name | | |
| Name : | | | Bank Account No | | |
| Roll. No. : | | | Bank A/c Holder Name | | |
| Programme & Dept | | | IFSC Code | | |
| Mobile No. | | | | | |
| Checked by | | rified | Appro | Approved | |