Rajiv Gandhi Institute of Petroleum Technology
Jais, Amethi

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 while referred by the Institute Health Centre to an outside clinic/hospital.

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

Declaration : I herby 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 — Pharmacist

Verified — Institute Doctor

Approved — Convener, Institute Health Committee