

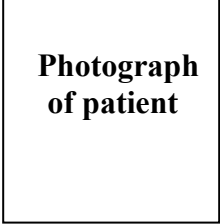
**INDIAN INSTITUTE OF TECHNOLOGY KANPUR
FORM FOR REIMBURSEMENT OF HOSPITALIZATION CHARGES
UNDER POST RETIREMENT MEDICAL SCHEME (PRMS)**

Key No....., & P.F. No.....

Certificate granted to Mr./Dr./Mrs./Miss/.....
Spouse of Mr. / Mrs. /.....

PART 'A'

(To be signed by the Medical Superintendent or equivalent Medical Officer of the Hospital)
I, Dr.do hereby certify:-



- (a) That the patient whose Photo is attested above was admitted in this Hospital on the advice of Dr.....from to.....(dates)
- (b) That the patient has been under treatment in our hospital and medicines were prescribed (as per enclosed list)as per quantity & price mentioned in the enclosed vouchers/bills/cash memos during the course of treatment .
- (c) That the patient was suffering from(Name of the disease)
- (d) That the X-ray, laboratory tests etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at.....(Name of pathology/diagnostic centre)
- (e) That I called Dr.....for

.....
(Name of the Medical Superintendent/Chief Executive with Seal)

PART 'B'

I certify that the patient has been under treatment at the (Name of the hospital)
.....
and a total expenditure of Rs.was incurred vide bill and receipts attached, which were essential for the treatment of the patient.

(Signature of the Superintendent/
Equivalent Medical Officer)

FORM FOR CLAIMING REIMBURSEMENT OF HOSPITALIZATION RELATED EXPENSES INCURRED UNDER POST RETIREMENT MEDICAL SCHEME (PRMS) OF IIT KANPUR

1. NAME of the Patient and relation with the member of PRMS

2. NAME of the PRMS Member

3. Actual residential address

4. Place at which the patient availed hospitalization facility

8. Details of the amount claimed

I. Medical Attendance

(i) Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken during diagnosis which led to hospitalization.

(a) the name of the hospital or laboratory where the tests were undertaken, and

(b) Whether the tests were undertaken on the advice of the Medical attendant. If so, a certificate to the effect should be attached.

(ii) The cost of medicines, purchased from the market. (List of Medicines, Cash Memos and certificates should be attached) required after post hospitalization.

II. HOSPITAL TREATMENT

Name of the Hospital

Charges for the Hospital treatment indicating separately the charges for:

(i) Surgical operation, or medical treatment, or confinement.

(ii) Pathological, Bacteriological, Radiological or other similar tests indicating:

(a) The name of the hospital or laboratory at which the test was undertaken,

(b) Whether undertaken on the advice of the medical officer-in-charge of the case at the hospital. If so, a certificate to that effect should be attached.

(iii) Medicines

9. Total Amount Claimed:

Rs.

10. List of enclosures: Doctor's Prescription (ORIGINAL)
Essentiality Certificate (ORIGINAL)
Cash-Memo(s) (ORIGINAL)
-

11. Hospital Discharge certificate: (ORIGINAL)
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**DECLARATION TO BE SIGNED BY THE
MEMBER OF THE PRMS**

I hereby declare that the statements given in this application are true to the best of my knowledge and I am not gainfully employed after superannuation. I also declare that the above claim has not been claimed else where by me or by any one else close to me. I shall abide by the rules of PRMS & such other norms as the Institute may announce and Income Tax pertaining to medical treatment from time to time.

Dated:

Signature of the member of the PRMS

Enclosures: A **Statement / Index** detailing and enclosing all original receipts, vouchers, cash memos etc. (Photocopies may not be entertained for reimbursement purposes)

- Note:
1. Please look up Institute web-site under PRMS for latest Office Orders or Notices etc. for information.
 2. The claim bills along with all Original Vouchers etc. as above should be reached / delivered in the office of Asst. Registrar (F&A) within 60 days of the date of discharge from the hospital. Late submission of bills may be rejected forth with. The status of your bill can be intimated to you by email for which you may inform your email ID to us.
 3. The Institute may seek any clarification that it may deem appropriate before passing the bill. Claimant will be expected to provide the required clarification within 15 days. Further the Institute may seek the advice of its CMO/Officiating CMO/Medical Board etc. and for which if the patient is required to present himself/herself in person, the expenditure incurred for the same will have to be borne by the claimant/patient.
 4. The payment will be made as per Institute norms. The decision of the Director, IIT Kanpur shall be treated as final.
 5. All claims etc. if any, shall be subject to Kanpur Jurisdiction only.