

Indian Institute of Technology Bhilai
Certificate A
To be filled by the Students

Sr. No	Name of the Student	Roll No	Course

A). Certified that I have taken treatment for the following:

Sr. No	Name of the Patient	
1	Age	
2	Name of the Doctor	
3	Diagnosis	
4	Duration of the Treatment	From: To:

B). Details of treatment and claim of reimbursement:

Sr. No	Particulars	Total Claim submitted	Total Amount Claimed (Office Use Only)	Sr. No	Name of the Medicine OR Invoice No	Amount (Rs.)
1	Imaging/MRI/CT Scan/x-ray/sonography			1		
2	CBC/Widal/LFT/RFT			2		
3	Urine-RM/Malaria			3		
4	TSH, T3, T4 Sr. Electrolytes			4		
5	Any other laboratory Test/s Done			5		
6	No of Consultation Charges()			6		
7	Miscellaneous Charges			7		
8	Any Other.					
	Total				Total	
Total Claim Submitted :						
Total Number of enclosures :						
Office Use Only						
Total amount claimed :						
Advance Taken :						

C). Below Attachments are mandatory to process the reimbursement (Self Attested)

1. Referral letter by Medical officer of IIT Bhilai Health Centre.
2. Copy of prescriptions.
3. Original cash memos/receipts.
4. Copy of ID Card.

D). Bank Details:

A/c No		IFSC Code	
Bank		Branch	

Place:

Signature of the Claimant

Date:

Contact No:

I Certify the above pathological tests prescribed by me to arrive at the correct diagnosis.

I also certify that patient has been under treatment as prescribed by me and above medicines are purchased due to non-availability at our health Centre.

Signature of the Medical Officer
Seal
IIT Bhilai
Health Centre

FI/c Health Center