

IIIT-Allahabad
Medical Claim Form (For Employees only)

Date:

To,

The Deputy Registrar (Admin.)
IIIT-A

Sir,

I am submitting herewith a claim of Rs. on account of medical expenses incurred by me for self / dependent. All the medicines have actually been purchased and paid by me in cash. **I hereby declare that the details given below are true to the best of my knowledge and belief / and that the person for whom medical expenses were incurred is wholly dependent upon me as also declared in my service records.**

Name of the Patient	Relationship of Patient with IIIT-A Employee	Cash memo no. & date	Bill amount	Claimed amount
			Total claim	

ABSTRACT:-

(a) Claim of Self:

(b) Claim of Dependent

Total claim

Yours faithfully,

Signature:

Name:

Designation:

Date:

(For use in the Accounts Section)

(a) Total amount of claim passed: -- Rs.

(b) Less advance drawn, if any -- Rs.

(c) Net amount payable / recoverable -- Rs.

Passed for Rs.

PRE-AUDITED

Assistant / Accountant

IAO