

VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR

APPLICATION FOR MEDICAL ADVANCE

Date :

Name :			
Designation :		Department :	
Basic Pay + NPA + SI			
Name of the patient and relationship with the Government Servant.			
Whether treatment is received as In-patient or Out-patient			
Nature of illness.			
Name of the Hospital in which patient is treated			
Anticipated cost of treatment as certified by the Medical Officer/Specialist (Copy of Estimate from Hospital to be enclosed)			

I hereby undertake to refund the advance within 01 month from date of discharge from hospital.

(Signature of employee)

FOR OFFICE USE AT HEALTH CENTRE

1. It is verified from available office records that the claimant is a regular employee of VNIT Nagpur and patient is dependent of him/her.
2. The Estimate from Hospital has been duly verified and the essentiality of the lab tests/ medicines/ injections etc. administered during treatment is certified. Medical advance of Rs.....is recommended, as per CGHS rates/Govt. of India orders, as applicable from time to time.

Medical Officer

Sr Medical Officer

Enclosure:

- Estimate from Hospital duly endorsed by M.O./ Sr M.O., Health Centre, VNIT Nagpur

To,

Jt. Registrar (Accounts)