



राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर

NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

(An INSTITUTE OF NATIONAL IMPORTANCE)

G.E. ROAD, RAIPUR - 492010 (C.G.)

Phone No.: 0771-2252700, Fax : 0771-2253104 Email : registrar@nitrr.ac.in, Web : www.nitrr.ac.in

/// Bills received from _____ ///	
Name off Faculty /Staff and Employee ID :	
Designation :	
Department :	
Grade Pay :	
Name of the Patient :	
Relationship with the Claimant :	
Bill Date :	
Bill Number :	
Name of the Hospital/Physician :	
Total No. of Vouchers :	
Particular	
Amount Claimed	Amount Admissible
Admissible amount in words:	

Pay to: _____

It is verified that the patient, Mr./Ms./Master/Miss _____ is the employee / legally declared dependent of Mr./Ms. _____ Employee ID No. _____ and is eligible for reimbursement as per institutional norms.

Deputy/Joint Registrar

The expenses claimed for the treatment are within CGHS norms.

Medical Officer

An amount of Rs _____ (Rupees _____) is hereby approved/ recommended for reimbursement

Head Medical Officer

Remarks by Medical Officer (if any): _____

