NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA – 136 119

ESSENTIALITY CERTIFICATE

١.	i certify that Mr./Mr./MissWife/son/daughter of		
	Shriemployed in N.I.T. Kurukshetra has been under my		
	treatment atHospital and that the under mentioned		
	medicines prescribed by me in this connection were essential for the treatment and recovery /		
	prevention of serious deterioration in the condition of the patient. The medicines are not stocked,		
	in the (name of the hospital) for supply to entitled patient and don't		
	include proprietary preparations for which cheaper substitute of equal therapeutic value are		
	available for preparations which are primarily foods, toilets or disinfectants.		
2.	Certified that the treatment as in patient was necessary.		
3.	Certified that medicines charged have no cheaper effective substitute.		
4.	Period of treatment fromtoto		
5.			
6.	Certified that the price claimed is reasonable.		
7.	Certified that the medicines prescribed are not in the list of non-reimbursable medicines/ articles as per Central Govt. Rules.		
8.	Certified that the medicines purchased in this connection have actually been consumed during the period of treatment.		
	He/she was suffering from		

Name of the Medicine (In capital letters)	Outdoor ticket no. & date of which prescribed	Date of which purchased	Price

Countersigned for Rs.

Signature & Designation
Of the Authorised
Medical Officer

Senior Medical Officer National Institute of Technology Kurukshehtra

attenda	Form of application for claiming refund of med ance and/or treatment of employee of N.I.T. Kui	lical expenditure incurred in connection with medical rukshetra and their families.
1.	Name & other informations of the employee	Name
		Designation
		Employee ID
		Department
		Health Diary No
		Bank Name & A/c No
		IFSC Code
2.	Basic Pay of the employee	Rs
3.	Actual residential address	
4.	(a) Name of the patient	
	(b) Relation with employee	
	(c) Date of Birth (in case of children)	
5.	Place at which the patient fell ill	
6.	Total Amount claimed	
7.	List of encls.	
	I hereby declare that the statements, In this a	NED BY THE GOVT. SERVANT pplication are true to the best of my knowledge and es were incurred is wholly dependent upon me and
Date		Signature of the Institute employee
	IN CASE OF DEP	ENDENT PARENTS
has no	Certified that my father or mother, as the cas source of income of his/her own whatsoever. H	se may be is solely dependent on me and that he/she le/she has been residing with me.
		Signature of the Institute employee

Date.....