



# भारतीय विदेश व्यापार संस्थान

(मानित विश्वविधालय)

बी-21, कुतुब इंस्टीटयुशनल एरिया, नई दिल्ली-110016

**INDIAN INSTITUTE OF FOREIGN TRADE**

**(Deemed to be University)**

B-21, Qutub Institutional Area, New Delhi – 110016

**Bank Name/IFSC:**

**Account No.:**

FORMAT FOR REIMBURSEMENT OF MEDICAL EXPENSES (FIXED)/ON SPECIAL DISEASE SCHEME / HOSPITALISATION/ (\*Tick the applicable one) FOR THE PERIOD

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Name & Designation	
Name Of The Patient And His / Her Relationship With The Employee	
Name & Registration No. Of Doctor/s	
Nature Of Disease	

SL No.	Particulars/Name of the Chemist/Hospital/Lab	Bill No and Date	Amount Claimed(Rs.)	Amount Admissible(Rs.)
1				
2				
3				
4				
5				
6				
	<b>Advance Claimed if any</b>		-	-
	<b>Balance payable/Recovery</b>			

\* Separate form separate disease.

**Signature:**

**Date:**

**Recommendations**

**AFO**

**DFO**

**Institute Doctor**

.....  
**ACKNOWLEDGEMENT**

**(To be handed over to the employee on submission)**

**NAME:**

**PURPOSE:**

**DAIRY NO:**

**DATE:**

**(Signature of Dealing Assistant of Finance Division)**