



PENSIONER

National Institute of Educational Planning and Administration
17-B, Sri Aurobindo Marg, New Delhi-110016

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

(N.B: Separate Form should be used for each patient)

1. Name, Designation and Basic Pay
(IN BLOCK LETTERS) _____
2. Whether married or unmarried _____
3. If married, the place where
wife/husband is employed _____
4. Residential Address _____
5. Name of the Dependent Patient _____
6. Place at which the Patient fell ill _____
7. Nature of illness and duration _____
8. Name of the Registered Medical
Practitioner consulted _____
- Details of the Amount Claimed** _____
 - i) Consultations _____
 - ii) Injections _____
 - iii) Laboratory Test _____
 - iv) Medicine _____
9. List of Enclosures _____

Declaration to be signed by the NUEPA Employee

I hereby declare that the statements in the application are true to the best of my knowledge and belief that the person for whom medical expenses were incurred is wholly dependent upon me.

Signature of the NUEPA Employee
Date:

Passed for payment of Rs. _____ (Rupees _____)

(Finance Officer)

Essential Certificate

I certify that Shri/Smt./Km.
husband/wife/son/daughter/mother of Shri/Smt./Kumari
Employed in the National Institute of Educational Planning and Administration, New Delhi has
been under my treatment for at my dispensary/consulting room during
the period from to and that the under mentioned medicines
prescribed were essential for recovery/prevention of serious deterioration in the condition of the
patient. These medicines do not include proprietor preparations for which cheaper substances of
equal therapeutic value are available, nor preparations which are primarily food, tablets or
disinfectants.

Name of the medicine

Quantity

Cost

Signature of the doctor and his/her medical
qualifications

Registration No.

Medical Council with which Registered

Date: