



భారతీయ సాంకేతిక విజ్ఞాన సంస్థ హైదరాబాద్  
भारतीय प्रौद्योगिकी संस्थान हैदराबाद  
Indian Institute of Technology Hyderabad

Indian Institute of Technology Hyderabad  
Kandi – 502 284

Student Medical Claim Form for OP

(To be completed in the case of a patient who is **not admitted to the hospital** for treatment)

Please fill all the fields. The incomplete form shall not be entertained  
The claim should be submitted within **One month** from the date of completion of the treatment.

PART-A

Name of the Student	Course	Department	Roll No.

Name of the treating Doctor				
Name of the disease/treatment (or)				
In Case of Injury, state the time and Place of Occurrence				
Duration of treatment	From date:		To date:	

Treatment and Claim Particulars

a. Details of Consultation and injection(s) fee:  
(Attach a separate sheet if required)

Sl.	Date	Fee paid for Consultation	Fee paid for intravenous/ Intra-muscular/ Subcutaneous injections
1			
2			
3			
4			
5			

b. Details of medicines:  
(Attach a separate sheet if required)

Sl.	Name of the medicine	Qty	Price	Date	Invoice/Bill No.
1					
2					
3					
4					
5					

**c. Details of x-ray, laboratory tests, investigations, etc.:**

(Attach a separate sheet if required)

Sl.	Name of the test	Amount	Date	Invoice/bill No.
1				
2				
3				
4				
5				

**Total Claim Amount (a+b+c) = \_\_\_\_\_.**

Advance if any availed Yes/No. If yes, amount Rs.\_\_\_\_\_.

**Documents to be enclosed:**

1. Self-attested photocopy of Referral/Approval of the Institute Medical Officer/Dean Admin/Director.
2. Self-attested photocopy of the Prescriptions/OP note/treatment note.
3. Original cash memos/receipts.
4. Self-attested photocopy of ID card.

**Bank Details of the Student:**

Account Holder Name			
Bank Account No		IFSC Code	
Bank Name		Branch	

Signature of Student

Contact No.:

Date:

**PART-B**

I certify that the above pathological tests prescribed by me to arrive at the correct diagnosis.

I also certify that patient has been under treatment as prescribed by me and above medicines are purchased due to non-availability at our Dispensary.

Signature of the Medical Officer  
Name: