**VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR**

APPLICATION FOR MEDICAL ADVANCE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date : | | |
|  |  | | |
| Name : |  | | |
| Designation : |  | Department : |  |
| Basic Pay + NPA + SI |  | | |
| Name of the patient and relationship with  the Government Servant. |  | | |
| Whether treatment is received as In-  patient or Out-patient |  | | |
| Nature of illness. |  | | |
| Name of the Hospital in which patient is treated |  | | |
| Anticipated cost of treatment as certified  by the Medical Officer/Specialist  (Copy of Estimate from Hospital to be enclosed) |  | | |

I hereby undertake to refund the advance within 01 month from date of discharge from hospital.

**(Signature of employee)**

**FOR OFFICE USE AT HEALTH CENTRE**

1. It is verified from available office records that the claimant is a regular employee of VNIT Nagpur and patient ………………………………………………………….. is dependent of him/her.

2. The Estimate from Hospital has been duly verified and the essentiality of the lab tests/ medicines/ injections etc. administered during treatment is certified. Medical advance of Rs…………………is recommended, as per CGHS rates/Govt. of India orders, as applicable from time to time.

**Medical Officer Sr Medical Officer**

**Enclosure:**

**- Estimate from Hospital duly endorsed by M.O./ Sr M.O., Health Centre, VNIT Nagpur**

**To,**

**Jt. Registrar (Accounts)**