## <u>VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR</u> <u>APPLICATION FOR MEDICAL ADVANCE</u>

Date:

Name:	
Designation:	Department:
Basic Pay + NPA + SI	
Name of the patient and relationship with the Government Servant.	
Whether treatment is received as Inpatient 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
	ailable office records that the claimant is a regular employee of VNIT Nagpur ar is dependent of him/her.
injections etc. administered du	Hospital has been duly verified and the essentiality of the lab tests/ medicine tring treatment is certified. Medical advance of Rsis recommended in orders, as applicable from time to time.
Medical Officer	Sr Medical Officer
Enclosure:	
	y endorsed by M.O./ Sr M.O., Health Centre, VNIT Nagpur
То,	

Jt. Registrar (Accounts)