

## SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT-7. SCHEDULE

	l, cei	rtify that	Shri/Shrimati/Kum./			***************
Wife	son/Da	ughter of	Shri			employ
in the	e Sarda	r Vallabhi	ohai National Institute of Technology, Sura	t-7, had been un	der m	y treatment
for					. disc	ease from
•••••			to	at the Hospit	al/Disp	ensary/My
cons	ulting F	Room and	that the under mentioned medicines pre	scribed by me i	n this	connection
were	essent	ial for the	recovery / prevention of serious deterioriat	ion in the condi	tion ar	e ordinarily
stoci	ced/are	out in sto	ock in the	cheaper su	ıbstan	ce of equal
there	speu	tic value	are available not preparations which	are primary f	oods,	tickets of
disin	ecatan	ts.				
			·	•		
NAME	OF TH	E MEDICIN	IES IN BLOCK LETTERS : (In case of more than 1	IO Bills, Please atta	ched Se	parate Sheet)
Sr.	Bill	Date	Name of the Party	BILL AMOUNT		Remarks
No.	No.	<u> </u>		Rs.	Ps.	<del></del>
				·		
			·	:		
-						
_				<u> </u>	+	
					ļ	
	· · · · · · · · · · · · · · · · · · ·					·
	•					
						·
ļ		]	Total Rs.			

1.	VISIT CERTIFICATE:						
	I certify that the condition of the patient was such the visit was necessary at the patient home.						
2.	I certify that my bill does not include such medicines/tablets/injections etc. which are listeness in admissible terms in the list of inadmissible medicines as per Govt. rules.						
	Signature of the Authorised Medical Attendent						
	Signature of the Medical Officer in-Charge of the case at hospital						
4	CERTIFICATE OF FARMING.						
1.	CERTIFICATE OF FAMILY:						
	Certified that the family member/members for whom the Medical Reimbursement was claimed in this bill is / are actually residing with me and wholly dependent upon.						
2.	CERTIFICATE OF CORRENCINESS:						
	I certify that the claim preferred by me is correct and has not been paid to me before. I have opted / not opted the Medical Allowance.						
•							
	Signature of the Employee / Pensioner						
	Name :						
	Employee Code No. / PPO No. :						
	Designation :						
	Deptt. / Section :						
Coı	ıntersigned for Rs Ps Only)						
	pees Only)						
<b>\</b>							