

INDIAN INSTITUTE OF TECHNOLOGY, BHILAI

Application for Medical Advance

1. Details of the employee

Name	Designation	Department	Grade Pay

2. Advanced sought for treatment of Self/ Dependants i.e. Wife/ Mother/Father/ Daughter/ Son:

Details of Dependants

Name	Age	Dependent ID No

3. Name of the Treating Hospital: \_\_\_\_\_

4. Estimate of expenditure: Rs. \_\_\_\_\_

**Undertaking**

I understand that the medical advance as applied by me is only an estimate. I am aware that the actual medical reimbursement will depend on existing rules and submission of relevant documents and that it may be less than the advance drawn. I agree to repay, difference, if any, to the Institute.

Signature of employee

Recommended Medical Advance of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ (in words))

Medical Officer  
IIT Bhilai  
Health Centre.

Director