



## **G.L. Bajaj Institute of Technology and Management, Greater Noida**

### **Student Medical Reimbursement Policy**

The institution medical reimbursement policy is framed with an objective to support the student in case of emergency or any severe medical complication/treatment.

The medical reimbursement is provided to the needy student in view of their financial situation:

**Below are the mentioned points as per the policy.**

1. The policy is only for Bonafide and regular student of the college.
2. The student can claim the reimbursement only in the 30 days from date of discharge. No claim is admissible after specify date.
3. Medical converge of an amount of Rs. 50000/- is medical expenses against (Any type of treatment/test required/cost of medicine/Doctor consulting) is extended.
4. This claim is no admissible for normal OPD. Only hospitalization case will be considered.
5. The student has to submit all relevant documents along with claim form for the reimbursement.
6. The normal cycle to settle mediclaim is 90 days from date of claim form submission.
7. The claim is not admissible in case of Death / injury or disability of the insured person from self-injury, suicide or attempted suicide, whilst under the influence of intoxicating liquor or drugs etc.

**G.L. Bajaj Institute of Technology and Management, Greater Noida**  
**Form for Medical Reimbursement Claim**

To,

Date:    /    /

The Dean – Student Welfare  
G.L. Bajaj Institute of Technology and Management  
Greater Noida

Respected Sir,

I am submitting herewith Medical Reimbursement claim of Rs. ....  
(in words .....)  
on account of Medical Expenditure incurred by me for treatment of Self duly verified by  
AMA / Hospital.

**Enclosures:**

1. Prescriptions and Reports ..... pages
2. Details of Receipts as given below in ..... pages :

S.No.	Cash Memo / Bill Receipt No.	Amount (in Rs.)
Total		

Declaration: I hereby certify that the amount claimed by me as detailed above has been paid by me and not claimed from any other organization.

Yours Faithfully,

Signature: .....

Name : .....

Admission No. : .....

Mobile No.: .....

**Student's Bank Account Details:**

- 1) Bank Name & Address:
- 2) Bank Account No. :
- 3) IFSC Code: