

**FORM OF ESSENTIALITY FOR INDOOR TREATMENT
OF UPRVUNL EMPLOYEES & THEIR DEPENDENTS**

1. Name of Patient :..... Age.....
2. Name and Designation of employee :.....
- (i) Pay Scale and level in Pay matrix :.....
- (ii) SAP I.D./Vendor I.D. of employee:.....
- (iii) Mobile Number of employee:.....
3. Relationship with employee :.....
4. Place of Posting :.....
5. Name of Hospital :.....
6. Diagnosis :.....
7. Treating Doctor :.....
8. Date Of Admission :.....Date Of Discharge :.....
9. Expenses :.....
 - (i) Accommodation
General :.....
Private :.....
ICU :.....
 - (ii) Name of operation & Expenses :.....
 - (a) Minor :.....(b) Major :.....
 - (c) Super Specials :.....
 - (iii) Investigations :.....
(Name of tests &
(Attach list of expenses)
 - (iv) Anaesthesia :.....
(Type of anaesthesia and expenses)
 - (v) Medicines & consumables :.....
(Attach list with expenses)
 - (vi) Diet Charges (if any) :.....
 - (vii) Medical procedures :.....
(Name of procedure & expenses)
 - (viii) Any other charges :.....
(Including specialized consultaion)
 - (ix) Total expenses :.....

Latest Photograph
of Patient, duly
attested by Doctor
with Stamp.

Signature of employee.....

Date :

(Signature of Authorised Doctor/Hospital)
(SEAL)

(FOR OFFICE USE)

1. CHECKED BY :

(Dy. CMO/CMO)

II. PASSED FOR Rs.....

(EE/SE/GM/CGM)

III. APPROVAL OF.....

(DIRECTOR/ED)

IV. APPROVAL OF.....

(MD UPRVUNL)