

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

1. Name of Patient :.....Age.....
2. Name of employee & Designation :.....
- (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. Pay Scale of employee :.....
5. Place of Posting :.....
6. Name of Hospital :.....
7. Diagnosis :.....
8. Treating Doctor :.....
9. Date Of Treatment :.....

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

Expenses :(ATTACH PRESCRIPTION SLIP & VOUCHERS)

1. Anti Rabies Treatment :.....
2. Fracture Treatment :.....
3. Diagnostic CT SCAN :.....
MRI SCAN :.....
4. Hearing Aids/ Denture Application :.....
5. Long Term Illness :.....
(Expenditure incurred monthly) :.....
(Attach certificate of State Medical Board and List of Medicines)
6. Any other expenses :.....
(Admissible by UPRVUNL)

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)