

**SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY**  
**LONGOWAL, DIST. SANGRUR (PUNJAB)**  
(Deemed University under Govt. of India, Ministry of HRD)

**PROFORMA FOR REFERRED PATIENTS**

I Dr. / Shri / Ms. \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_ am  
working as \_\_\_\_\_ (Designation) in the Department / Section  
\_\_\_\_\_ in Sant Longowal Institute of Engineering and Technology (SLIET),  
Sangrur and my Health Card Number is \_\_\_\_\_. On dated \_\_\_\_\_  
myself / son / daughter / wife / mother / father, whose name is  
\_\_\_\_\_ was suffering from \_\_\_\_\_  
vide Emergency No. \_\_\_\_\_. The patient was referred to  
\_\_\_\_\_ by Medical Officer / Assistant Medical Officer for treatment /  
investigation. The total expenditure incurred on treatment / investigation is Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_). All original documents which are  
signed by me are attached herewith.

I request you to forward my case for reimbursement.

Thanking you.

**Signature of the claimant**

**Date** \_\_\_\_\_

HOD/Section Incharge

Checked by

Medical Officer