

Health Insurance Reimbursement Form (For FARE Fellows)

Name of Policy Holder: _____

Name of Dependent (If added in the policy): _____

FARE ID: _____

Department: _____

Email ID: _____

Date of Joining FARE: _____

Date of Ending FARE: _____

Contact No.: _____

Policy Duration: From _____ To _____

Name of Insurance Provider: _____

Premium Amount Paid (₹): _____

Date of Premium Payment: _____

Enclosures:

- Copy Premium receipt
- Copy of insurance policy document showing duration

Declaration:

I hereby declare that the medical insurance policy details provided above are genuine and have been purchased by me from a recognised insurance provider. The policy duration corresponds to my tenure as a FARE Fellow at IIT Kanpur. The premium amount paid is accurate and supported by the attached valid premium receipt.

I understand that reimbursement is subject to the maximum limit prescribed by the Institute and agree to abide by the rules and conditions laid down in the Office Order No. A(P)/FARE/2024-25/IITK-OR-HC-02 dated November 26, 2024. I further declare that the information provided above is true and correct to the best of my knowledge.

Signature of the FARE Fellow: _____

Date: _____

For office use only:

Verified by
Dealing Assistant/Suptd.
PG Section

Recommended by
JR/DR/AR
(Academic Affairs)

Approved
Dean/Associate Dean
(Academic Affairs)