

**INDIAN INSTITUTE OF TECHNOLOGY DELHI**  
**Hearing aids Requisition Form**

**Employee Details**

Name of the Employee	Employee's Code No.	Dept./ Centre/ Section/ Unit/ Cell	Residential address
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**Patient Details (Attach photocopy of valid medical booklet front page)**

Name of the Patient	Medical Booklet Code No.	His/her Relationship to the employee	Nature of illness and its duration
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**List of documents::**

1. Original prescription of ENT Specialist Doctor from Government Hospital (along with photocopy)
2. **Original Audiometry report** from Government Hospital or IIT Delhi recognized Hospitals (along with photocopy)
3. **Original certificate from ENT Specialist Doctor from Government Hospital / or Visiting ENT Specialist of IITD Hospital.** (along with photocopy)  
(Format of certificate by ENT specialist is on back of this page)

**Declaration by Employee**

I ..... Certify that I have not claimed /or received any hearing aids during preceding FIVE years for ..... (Name of patient). Maintenance & repair of hearing aids will be my responsibility.

Date .....

Signature of employee/ Retired employee

**Comments from IITD Hospital**

Signature of Doctor in-charge of Reimbursement IITD Hospital

Signature of Head, IITD Hospital Services

To, **HEALTH UNIT / CDN** for issue of approval letter to employee

Checked and Verified by Health unit/ CDN

Reference IITD/ICDN/2015/948 dated 06.07.2015 and IITD/ICDN/2015/1233 dated 10.08.2015

**Certificate by ENT specialist for Hearing aids**

I, Dr. .... Visiting ENT specialist of IIT

Delhi Hospital **or** of Government Hospital/ Government institution /Medical College

..... Recommend hearing aids

..... (specify type: digital BTE / ITC/CIC/

analogue BTE) for .....(right / left/ both ear) to patient name .....

.....age & sex ..... on the basis of

audiometric and audiological assessment.

**Signature of Visiting ENT specialist of IIT Delhi Hospital**

**or**

**Signature of ENT specialist of Government Hospital/ Government institution  
/Medical College,**

**Stamp of Doctor**