INDIAN INSTITUTE OF TECHNOLOGY DELHI

Hearing aids Requisition Form

Employee Details

<table>
<thead>
<tr>
<th>Name of the Employee</th>
<th>Employee’s Code No.</th>
<th>Dept./ Centre/ Section/ Unit/ Cell</th>
<th>Residential address</th>
</tr>
</thead>
</table>

Patient Details (Attach photocopy of valid medical booklet front page)

<table>
<thead>
<tr>
<th>Name of the Patient</th>
<th>Medical Booklet Code No.</th>
<th>His/her Relationship to the employee</th>
<th>Nature of illness and its duration</th>
</tr>
</thead>
</table>

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