



राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर  
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR  
(Institute of National Importance)  
G.E.Road, Raipur, C.G.- 492010, India.

Phone: +91771-2252700  
Fax No.: +917712254600  
Email: [registrar@nitrr.ac.in](mailto:registrar@nitrr.ac.in)  
Website: [www.nitrr.ac.in](http://www.nitrr.ac.in)

**APPLICATION FOR STUDENT INSURANCE CLAIM**  
(to be filled in **BLOCK** letters)

NAME	
ROLL NO.	
DEGREE	
BRANCH	
SEMESTER	
MOBILE NO.	
EMAIL ID	
NATURE OF ILLNESS ( <i>Explain in brief</i> )	

**Documents Checklist (please tick)**

Tick	Documents
	Copy of Bank Passbook
	Filled & signed <a href="#">Insurance Claim Form</a> ( <i>click on the link</i> )
	All original medical reports, bills, discharge papers, etc.

\_\_\_\_\_  
Student's Signature  
with Date

\_\_\_\_\_  
HOD's Signature  
(Forwarded to Student Section)

*Please submit this application along with all the requisite documents to the Student Section.*

**// FOR OFFICE USE //**

\_\_\_\_\_  
Checked by Student Section

\_\_\_\_\_  
Assistant Registrar  
Student Section

\_\_\_\_\_  
Joint Registrar  
NIT Raipur