FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND OR TREATMENT OF CENTRAL GOVT. SERVANTS AND THEIR FAMILIES

N. B. :- Separate Form should be used for each Patient.

- 1. Name and Designation of the Govt. Servant
 - (i) Whether married or unmarried
 - (ii) If married the place where wife/husband is employed
- 2. Office in which employed
- Pay of the Government Servant as defined in the Fundamental Rules, and any other emoluments, which should be shown separately.

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- 4. Place of duty
- 5. Actual residential address
- Name of the patient and his/her relationship to the Govt. Servant
 - N. B.: In the case of children state age also
- 7. Place at which the patient fell ill
- 8. Details of the amount claimed :-
 - I. MEDICAL ATTENDANCE
- (i) Fees for consultation, indicating:
 - (a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The number and dates of consultations and the fee paid for each consultation.
 - (c) The number and dates of injections and the fee paid for each injection.
 - (d) Whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.
- (ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating, :-
 - (a) The name of the hospital or laboratory where the tests were undertaken, and
 - (b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a Certificate to that effect should be attached.
- (iii) Costs of medicines purchased from the market.

200	Less amount		taken on					
(c)	Net amount c	laimed	<u> </u>					
Table attach	t of enclosures	:-						
(i)·	Prescription	:-						
(ii)	OPD Slips	:-						
(iii)) Certificate	:- A :						×1
(iv)	Cash Memo(s	· ·	No. and date		Amount	*	Name o	of the Sho
		(i) ·						
		(ii)						
		(iii)						
		(iv)						
		(v)						
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	are Brancoa to March 1 1997		
ife / S	Son / Daughter of Shri / Smt.		
	CERTIFICATE 'B'		
	[to be completed in the case of patients who are admitted to hospital for tre	eatment]	
	PART A		
	[To be signed by the Medical Officer-in-charge of thecase of	the hospital]	
		hereby certi	fy:
	(a) that the patient was admitted to hospital on the advice of on my advice		
7:	Name of the Medical Officer		
	(h) that the matient has been under treatment at		(8
reven	at the undermentioned medicines prescribed by me in this connection were essention of serious deterioration in the condition of the patient. The medicines	are not stock i	n
<u> </u>	Name of Hospital		
or su	apply to private patients and do not include proprietary preparations for which	ch cheaper subs	
	ipply to private patients and do not meres propriet	on oncaper succ	tan
f equ	all therapeutic value are available nor preparations which are primarily foods, to	licts of dishifocts	tan
f equ	Name of Medicines	Price	•
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S. No. 1 2 3 4 5 6 7 8	Name of Medicines	Price	•
S. No. 1 2 3 4 5 6 7 8 9	Name of Medicines	Price	ants
S. No. 1 2 3 4 5 6 7 8	Name of Medicines	Price	•

(d) that the patient is/was suffering from	(d) that the patient is / was suffering from and is / was under treatment from	(c)	that the injections administered were not for	immunising or prophylactic p	ourposes.
and is / was under treatment from	and is / was under treatment from				
were necessary and were undertaken on my advice at (Name of Hospital or Laboratory) (f) that I called on Dr	were necessary and were undertaken on my advice at				
(f) that I called on Dr	(f) that I called on Dr	(e)			=
(f) that I called on Dr	(f) that I called on Dr	20	were necessary and were undertaken on my a	(Name of Hospital or	r Laboratory)
(Name of the Chief Administrative Medical Officer of the State)	Name of the Chief Administrative Medical Officer of the State) as required under the Rules, was obtained. Signature and Designation of the Medical Officer-in-charge of the case at the Hospital PART B I certify that the patient has been under treatment at the	(f)			
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