(e) that the patient is/was suffering from _____ and is/was under my treatment from _____ to _____

(f) that the patient is/was not given prenatal or postnatal treatment

(g) that the X-ray, laboratory test etc.. for which an expenditure of Rs. _____ was incurred were necessary and were taken on my advice at _____ hospital/laboratory.

(h) that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ (Chief Administrative Medical Officer of the State) as required under the rules was obtained.

(i) that the patient did not require/required hospitalisation.

(j) that I was not on long leave during the period of treatment.

(k) that I am not in receipt of Non-Practicing Allowance.

Signature and Designation of the Medical Officer and the hospital/dispensary to which attached

Date:

N.B. Certificates not applicable should be struck off.
Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

Certificate granted to Mr. Mr./Mrs./Miss. _____

wife/son/daughter ofMr._____

employed in the _____

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

N.B. Separate form should be used for each patient.

1. Name and designation of the Government Servant (in BLOCK LETTERS) :
2. Office in which employed :
3. Pay of the Government Servant as defined in the Fundamental Rules and any other emoluments which should be shown separately :
4. Place of duty :
5. Actual residential address :
6. Name of the patient and his/her relationship to the Government 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 :
   1. 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 injection 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) Cost of medicines, purchased from the market :
List of medicines, cash memos and the essentiality certificates should be attached.

9. Total amount claimed :

10 List of enclosures :

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date

Signature of the Government Servant
and Office to which attached

FORM OF CERTIFICATES "A" AND "B"
[Referred to item (2) of Government of India decisions below Rule 2(b)(iii)]

Certificate granted to Mr./Mrs./Miss/_____

wife/son/daughter of Mr. _____

employed in the _____

CERTIFICATE "A"
(To be completed in the case of patients who are not admitted to hospital for treatment)

I, Dr. _____ hereby certify :

(a) that I charged and received Rs._____
for_____ consultation(s) on_____
at my consulting room/at the residence of the patient.

(b) that I charged and received Rs._____ for administering
_____ intra muscular injections or subcutaneous on _____
at my consulting room/the residence of the patient.

(c) that the injections administered were/were not for immunising or prophylactic purposes.

(d) that the patient has been under treatment at_____
hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____
_____ hospital for supply to private patients and do not include proprietory preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets and disinfectants.

NAME OF MEDICINE(S) PRICE

1.
2.
3.
4.
5.
6.
7.
8.
9.