

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 other emoluments  
which should be shown separately
4. Place of duty
- 5 Actual residential Address
- 6 Name of the patient and his/her relation-  
ship to the Government servant
- 7 Place at which the patient fell ill
8. Details of the Amount claimed

i) HOSPITAL TREATMENT

Name of the Hospital  
Charges for hospital treatment,  
indicating separately the charges for

ii) Accommodation  
( State whether it was accord-  
ing to the status or pay of  
the Government Servant  
and in cases whether the  
accommodation is higher  
than the status of the Govern-  
ment servant. A certificate  
should be attached to the  
effect that the accommoda-  
tion to which he was entitled  
was not available )

iii) Diet

iv) Surgical operation or  
Medical treatment on confine-  
ment.

v) Pathological bacteriologi-  
cal, radio-logical or other simi-  
lar tests, indicating

9. the name of the hospital  
or laboratory or other at which  
under taken

ii whether undertaken on  
the advice of the medical of-  
ficer in charge of the case at  
the hospital. If so, a certificate  
to that effect should be at-  
tached

- ii) Special medicines: List of medicines, Cash memos, and the essentiality certificates should be attached.
- iii) Ordinary nursing
- iv) Special nursing i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
- v) Ambulance charges (State the journey, to and from undertaken)
- vi) Any other charges i.e. charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.

Note: 1) If the treatment was received by the Government servant at his residence under rule 3 of Secretary of States Services (M.A.) Rules, 1938 or rule 7 of the C.S. (M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2) If treatment was received at hospital other than a Government Hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in an nearest Government hospital should be furnished.

- 10. Total Amount claimed.
- 11. 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

Certificate granted to Mrs /Mr /Miss \_\_\_\_\_  
Wife/Son/daughter of Mr \_\_\_\_\_ employed in  
the \_\_\_\_\_

CERTIFICATE—B

(To be completed in the case of patients who are admitted to hospital for treatment )

P A R T — A

( To be signed by the medical officer in charge of the case at the hospital )

I, Dr \_\_\_\_\_ hereby certify

a) that the patient was admitted to hospital on the advice of \_\_\_\_\_  
on may advice \_\_\_\_\_

( Name of Medical Officer )

b) that the patient has been under treatment at \_\_\_\_\_  
and that the undermentioned medicines  
prescribed by me in this connection were essential for the recovery/preven-  
tion of serious deterioration in the condition of the patient. The medicines  
are not stocked in the

( Name of Hospital )

\_\_\_\_\_ for supply to private patients and do not include  
proprietary preparations for which cheaper substances of equal therapeutic  
value are available, nor preparations which are primarily foods, toilets or  
disinfectants

Name of Medicines	Price
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- 1.
- 2.
- 3.
- 4.
- 5.

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

d) That the patient is / was suffering from \_\_\_\_\_  
to \_\_\_\_\_ and is/was under my treatment  
from \_\_\_\_\_ to \_\_\_\_\_

e) That the X—ray, laboratory tests etc for which an expenditure of  
Rs \_\_\_\_\_ was incurred were necessary and were  
under \_\_\_\_\_

( 4 )

f) that I called in Dr. ....  
for specialist consultation and that the necessary approval of the.....  
.....  
( 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

PAR T—B

I certify that the patient has been under treatment at  
the .....  
.....Hospital and that the services of the special  
nurses, for which an expenditure of Rs..... was incurred vide bills  
and receipts attached, were essential for the recovery/prevention of seri-  
ous deterioration in the condition of the patient.

Signature of the Medical Officer-in-Charge  
of the case at the Hospital.

COUNTERSIGNED

Medical Superintendent  
.....Hospital

I certify that the patient has been under treatment at  
the .....  
.....hospital and that the facilities provided were the minimum which were essential  
for the patient's treatment.

Medical Superintendent  
.....Hospital

Place.....  
Date.....

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