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

1. Name and designation of the Government Servant (in BLOCK LETTERS)

2. Office with employed

3. Pay of the Government Servants 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 relationship to the Government Servant.

   Nb.: In Case of Children State Age also

7. Place at which the patient fell ill

8. Nature of illness

9. Details of the Amount Claimed

   Medical Attendance

   i. Fees for consulting 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 consultations

      c. The No and dates of Injections and the fee paid for each injection

      d. Whether consultations were held at the hospital / at the consulting room of the medical officer or at residence of the patient.

   ii. Charges for pathological, bacteriological, radiological or other similar tests undertaken during the 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 the effect should be attached.

   c. Cost of medicines purchased from the market (List of medicines each memo and the essentiality certificate should be attached)

10. Total amount claimed

11. **Declaration to be signed by the Government Servant**

   I hereby declare the Statement in the application are the best knowledge and believe the persons for whom medical expenses were incurred is wholly dependent upon me.

   Signature of the Government Servant

   Date
CERTIFICATE (A)

Certificate granted to Shri / Smt / Ks. / Dr. 

Wife / Son / Daughter / Mother / Father of: ____________________________

Employed In the: ________________________________________________

I, Dr. __________________________________________________________

a) that I charged and received Rs. _____________________________ (Rupees ________ on
for ____________________________ consultations on ____________________________
at my consulting room (__________) outside hospital hours.

b) that I charged and Received Rs. _____________________________ (Rupees ________ administering intramuscular intravenous injections
for ____________________________ at my above consulting room outside hospital hours.

that the injections administered were not for immunising or prophylactic purposes.

d) that the patient has been under treatment at my consulting room outside hospital hours and that under
mentioned medicines prescribed by me in this connection were essential for the recovery of the patient.

The medicines are not stock in the CMC Hospital, Coimbatore for supply to the Private patients and do
not include proprietary preparations for which cheapest substances of equal therapeutic value available nor prepara
rions which are primarily food toxins or disinfectants.

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<th>Sl. No.</th>
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e. that the patient was suffering from ____________________________
and was under my treatment from ____________________________
f. that the patient was not given prenatal treatment.
g. that the X-ray, Laboratory test etc., for which an expenditure for Rs. ____________________________
   was incurred necessary and where taken at my advice at ____________________________
h. that the patient did not require hospitalisation.
i. that in my opinion the case was not one of prolonged treatment.
j. that the treatment exceeding 10 days was essential for the recovery of the patient.
k. that I am not on long leave, on receipt of non practicing allowance.
l. that the III consultation is necessary for the recovery of the patient.

Station: ____________________________

Date: ____________________________

Signature of the Authorised Medical Attendan