

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

1. Name & designation of the Govt. servant
(in block letters)
- (b) Whether Married/Unmarried
(c) If Married where his/her wife/husband employed
2. Office in which employed
3. Pay of the Govt. servant as found in the fundamental rules
& other employments which should be shown separately.
4. Place of duty
5. Actual residential address
6. Name of patient and his/her relationship to the Govt. servant
(NB : In case of children state age also)
- Name.....Relation.....Age.....
7. Place at which the patient fell ill
8. Details of amount claimed :
Medical Attendance
- i) Name & designation of the Medical Officer consulted
and the hospital or dispensary to which attached.
- ii) The number & date of consultation 1.....Rs.....
and the fee paid for each 2.....Rs.....
consultation 3.....Rs.....
- iii) Number & dates of injection and
- iv) Whether consultations & or injection were had
at the hospital the consulting room of the
Medical officer or at residence of the patient,
- v) Cost of medicines purchased from the market list Rs.....
of medicines, Cash memos and the essentiality
certificate should be attached,
9. Total amount claimed
10. List of enclosers

Declaration to be signed by the Government servant

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

Station :

Date :

Sign. of Govt. servant

For Office use :

Verified for Rs.....

Passed for payment for Rs.....

(Rs.....)

Pay for Rs..... (.....)

PRINCIPAL

Certificate granted to Mr/Mrs./Miss.....
 Mother/Father/Son/Daughter/wife of Mr/Mrs./Miss.....
 employed in the office of Kendriya Vidyalaya.....

Certificate

(To be completed in the case of patients who are not admitted to Hospital for treatment)

I, Dr.....hereby certify that

- (a) I charged and received Rs.....for.....consultation(s) on dated.....at my consulting room/at the residence of the patient.
- (b) I charged & received Rs.....for.....administering in teravenus/intramuscular & or subcutaneous on dates.....(to be mentioned)
- (c) That the patient has been under treatment.....(Name of hospital) my consulting room & that the undermentioned medicines were essential for the recovery/prevention of serious deterioration in condition of the patient. The medicines are not stocked in the.....hospital for supply to private patients and do not include proprietary for which cheaper substances of equal therapeutic value are available not preparation which are primarily foods, toilets, of disinfectant etc.

S.No	Name of medicines (in block letters)	Quantity	Price

- (e) The patient is/was suffering from.....& is/was under my treatment from.....to.....
- (f) The X-Ray, laboratory test etc, for which an expenditure for Rs.was incurred were necessary & undertaken on my advise;.....
- (g) The patient is/was not given pre-natal or post-natal treatment.
- (h) I referred the patient to Dr.....for specialist consultation that the necessary approval of the.....was obtained.
- (i) That the patient does not required hospitalisation.
- (j) That the patient does not required/require prolonged treatment.

Place :

Signature and designation of the
 Medical Officer & the Hospital