

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL
EXPENSES INCURRED IN CONNECTION WITH MEDICAL
ATTENDANCE AND / OR TREATMENT OF
KENDRIYA VIDYALAYA EMPLOYEE &
THEIR FAMILY**

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

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1. A. Name & designation of the Kendriya Vidyalaya
Employee (in block letters)
B. Whether married or unmarried
C. If married where his/her wife/husband employed

2. Office in which employed : Kendriya Vidyalaya

3. Pay of Kendriya Vidyalaya Employee
as defined in Fundamental Rules & other empluments
which should be shown separately

4. Place of duty

5. Actual residential address

6. Name of the patient & his/her relationship to the
Kendriya Vidyalaya Employee

N.B. : In case of children state age also

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7. A. Place at which the patient fell ill
B. Nature of illness & duration

8. Details of amount claimed :

I Medical Attendance :

- (i) Fees for consultation, indicating—
- (a) the name of designation of the Medical Officer consulted & that the hospital or dispensary to which attached.
 - (b) the number & date of consultation & the fee paid for each consultation.
 - (c) the number & dates of injection and the fee paid for each injection.
 - (d) whether consultation & injection were had at the consulting room of the Medical Officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or other similar test undertaken during diagnosis indicating—

- (a) the name of the hospital or laboratory where the test were undertaken and
- (b) whether the test were undertaken on the advice of the authorised medical attendant if so a certificate should be attached.

(iii) Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificates should be attached).

II. Hospital Treatment :

Name of Hospital

Charges for hospital treatment indicating separately the charges for—

- (i) Accommodation.
(State whether if was according to the status or pay of the Cendriya Vidyalaya Employee and in cases whether the accommodation is higher than the status of Kendriya Vidyalaya Employee a certificate should be attached to the effect that the accommodation to which he was entitled was not available)
- (ii) Diet
- (iii) Surgical operation or medical treatment or confinement.
- (iv) Pathological, bacteriological, radiological or other similar test indicating—
 - (a) the name of the hospital or laboratory at which undertaken.
 - (b) whether undertaken on the advice of the medical officer—in—charge of case at the hospital if so certificate to that effect should be attached.
- (v) Medicines
- (vi) Special Medicines.
(List of medicines, cash memo & the essentiality certificate should be attached)

- (vii) Ordinary Nursing.
- (viii) Special Nursing i.e., nurses specially engaged for 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 Kendriya Vidyalaya Employee or patient in the former case a certificate from the medical officer-in-charge of the case & counter-signed by the medical superintendent of the hospital should be attached.
- (ix) Ambulance charges.
(State the journey to & from undertaken)
- (x) Any other charges e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities referred to are part of facilities normally provided to all patients & on choice was left to the patient.

- Note :
1. The treatment was received by the Kendriya Vidyalaya Employee at his residence under rules, Secretary of State Service (M.A.) Rules 1938 or rule, 7 of the C.S. (M.A.) Rules 1844 give particulars of such treatment & attached a certificate from the authorised medical attendant required by these rules.
 2. If treatment was received at a hospital other than a Government hospital necessary details & certificate of the authorised medical attendant that the requested treatment was not available in any nearest Govt. hospital should be furnished.

III. Consultation with Specialist :

Fee paid to specialist or medical officers other than the authorised medical attendant indicating—

- (a) The name and designation of the specialist or medical officer consulted & hospital to which attached.
- (b) Number & dates of consultation & the fee charged for each consultation.
- (c) Whether consultation was had at the hospital at the consultation room of the specialists or medical officer at the residence of the patient

(d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant & the prior approval of the Chief Administrative Medical Officer of the state was obtained, if so a certificate to that effect should be attached.

9. Total amount claimed Rs.

10. List of enclosures :

11, Less advance taken on Rs.

12, Nett amount claimed Rs.

Declaration to be signed by the Kendriya Vidyalaya Employee

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.

Sig. of K. V. Employee

Date.....

Kendriya Vidyalaya

FOR OFFICE USE :

Passed for payment for Rs..... (Rupees,.....)

Principal
Kendriya Vidyalaya

Pay.....(Rupees.....)

Chairman
School Managing Committee
Kendriya Vidyalaya

Date.....

Paid Rs.....(Rupees.....)

on..... vide Bill No..... Dated.....)

Principal
Kendriya Vidyalaya

CERTIFICATE 'B'

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

Part 'A'

1. Dr.....hereby certify.

- (a) That the patient was admitted on my advice Dr.....
.....
- (b) That the patient was been under treatment at.....hospital
and that the under mentioned 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 patient
and do not include proprietary preparation for which cheaper substances of equal therapeutic
value are available, nor preparations which are primarily foods, foods or disinfectations :

	Name of Medicines	Price Rs.	P.
1			
2			
3			
4			
5			
6			
7			

- (c) That the injections administered was/were not for immunising or prophylatic purposes.
- (d) That the patient is/was suffering from.....
and is/was under my treatment from.....to.....
- (e) That the X-Ray, laboratory tests etc. for which expenditure of Rs.....
was incurred were necessary & were under taken on my advice at.....hospital
- (f) That I called in Dr.....for specialist consultation
and that the necessary approval of Dr.....
the 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

P. T. O.

Part 'B'

I Certified that the patient has been under treatment at the.....
.....hospital & that the service of special nurses for which
an expenditure of Rs.....was incurred vide bills and receipts attached were essential
for the recovery/prevention of serious 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 & that the facilities provided were the minimum
which were essential for the patient's treatment.

Place.....

Medical Superintendent

Date.....

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N.B.:—Certificate not applicable should be struck off. Certificate (D) is compulsory & must be filled in by the Medical Officer in all cases.