

**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

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2. Office in which employed : Kendriya Vidyalaya

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

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4. Place of duty

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5. Actual residential address

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

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**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

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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).

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## 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 Kendriya 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.

(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.

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- (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