



अखिल भारतीय आयुर्विज्ञान संस्थान  
All India Institute of Medical Sciences  
रायबरेली, उत्तर प्रदेश  
\* Raebareli, Uttar Pradesh

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

1. Name and Designation of the Govt. Servant (in BLOCK LETTERS) : .....
  2. Pay of Govt. Servant as Defined in the Fundamental Rules & any other emolument, which should be shown separately : Pay Rs.....  
D.A. Rs.....
  3. Office in which employed : .....
  4. Place of duty : .....
  5. Actual residential address : .....
  6. Name of the patient & his/her relationship with the Government servant (N.B. In case of children state age also). : .....
  7. Place at which the patient fell ill. : .....
  8. Details of the amount. : .....
  - (i) Medical attendance. : .....
  - (ii) Fees for consultation including. : .....
  - (a) The name and designation of the medical officer : .....
  - consulted and the Hospital or Dispensary to which attached. : .....
  - (b) The number & date of consultation, and the fee paid : .....
  - for each consultation. : .....
  - (c) The number and dates of injections & fee paid for : .....
  - each Injection. : .....
  - (d) Weather consultation and/or Injections were had at : .....
- the hospital/at the consulting room of M.O./ at the residence of the patient.
- (iii) Cost of Medicines, purchased from the market : .....
  - (list of med., cash memos & the Essentially cert. should be attached)
  9. Total amount claimed. : .....
  10. List of enclosures. : .....
  - Essentiality Certificate.(Overleaf)
  - Cash memo. ....

.....M.G.A.....

**DECLARATION TO BE SIGNED BY THE GOVT. SERVANT**

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

Signature  
Office to which Govt Servant attached  
.....

Sanctioned Rs.....Rupees.....on account of re-imburements of Medical Charges

Sanctioning authority

**CERTIFICATE "A"**

(to be completed in the case of a patient who is not admitted to hospital for treatment.)

Certificate granted to.....wife/son/daughter of Shri  
 .....employed in the office of the .....

I .....here by certify:-

- (a) That I charged and received Rs. ....for consultation..... at my consulting room/at the residence of the patient after/before hospital, dispensary hours.
- (b) That I charged and received Rs. ....for administering ..... intravenous/intramuscular/sub tanous injections on ..... at my consulting room/or the residence of the Patient.....
- (c) That the Injections administered were not immunizing or prophylactics purposes.
- (d) That the patient has been under treatment at ..... hospital/ consulting room 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 patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available, not preparations which are primary foods, toilets or disinfectants.

S/No.	Date & No. of Bill	Name of Medicines	Price	
			Rs.	P.

- (e) That the patient is/was suffering from.....and is/was under my treatment from.....to .....
- (f) That the X-Ray laboratory tests etc. dated .....for which the expenditure of Rs. ....was incurred. were necessary and were undertake on my advice at the .....
- (g) That the patient did not required hospitalization.
- (h) That I referred the patient to Dr.....for special consultation and that the necessary approval of the .....as required under the rules was obtained vide his letter/memo No .....dated.....
- (i) That the case was definitely not of prolonged treatment.
- (j) That Hospital/Dispensary to which I am attached is recognized for treatment for the central Government Employees.
- (k) That I was not on privilege leave during this period of treatment.
- (l) That the treatment is over/continuing.

Signature & designation of the Medical Officer