

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

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(N.B. Separate forms should be used for each patients)

1. Name and designation of the govt. Servant (in block letters) : \_\_\_\_\_
2. Office of which employed : NIH, Parel, Mumbai
3. Pay of the govt. Servant as defined in the Fundamental Rules, and other emoluments, which should be shown separately : \_\_\_\_\_
4. Place of duty : Mumbai
5. Actual Residential Address : \_\_\_\_\_

6. Name of the patient and his/her relationship to the govt. servant : \_\_\_\_\_
7. Place at which the patient fell ill : \_\_\_\_\_
8. Details of the amount : \_\_\_\_\_

**I. Medical Attendance**

- (I) Fee for consultation indicating
- (a) The name and designation of the medical officer : \_\_\_\_\_
  - (b) The number and dates of consultation sand the fee paid : \_\_\_\_\_  
for each consultation
  - (c) The number and date of injection and the fee paid for : \_\_\_\_\_  
each injection.
  - (d) Whether consultations and/or injections were had at the : \_\_\_\_\_  
hospital, 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 under during diagnosis indicating.
- (a) The name of the hospital or laboratory where undertaken & : \_\_\_\_\_
  - (b) Whether the tests were undertaken on the advice of the : \_\_\_\_\_  
authorized medical attendant If so, a certificate to that  
effect should be attached.
- (iii) Cost of medicines purchases from the market. (Cash memos, : \_\_\_\_\_  
list of medicines and the essentiality certificates should be  
attached)

**II. Hospital Treatment :**

- Name of the hospital : \_\_\_\_\_
- Charges for hospital treatment, indicating separately the : \_\_\_\_\_  
charges for
- (I) Accommodation : \_\_\_\_\_  
(Please state whether it was according to the status or pay  
of the Govt. servant and in case where the accommodation  
is higher than status of 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 : \_\_\_\_\_  
tests indicating.
- (a) the name of the hospital or laboratory at which undertaken, & : \_\_\_\_\_  
(b) whether undertaken on the advice of the medical officers : \_\_\_\_\_  
in Charge of the case at the hospital. If so, a certificate to  
that effect should be attached.

- (v) Medicine : :
- (vi) Special medicine (cash memos and the essentiality) : :  
Certificate should be attached).
- (vii) Ordinary nursing : :
- (viii) Special nursing i.e. nurses specially engaged for the patient. : :  
State whether they are employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Govt. servant or patient. In the former case a certificate from the Medical Officer-in-Charge of the case and counter-signed by the Medical Supdt., or the hospital be attached.
- (ix) Ambulance charges (state the journey to and fro undertakes) : :
- (x) Any other charges, e.g. charges for electric light, fan, heater, : :  
air conditioning etc. state also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patients.

**Note:** (1) If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A.) Rule, 1944, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

(2) If the treatment was received at a hospital other than a Govt. hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment not available in any nearest Govt. hospital should be furnished.

**III. Consultation with specialist : :**

- Fees paid to a specialist or a Medical Officer other than the authorized medical attendant, indicate -
- (a) the name and designation of the specialist or Medical Officer consulted and the hospital to which attached : :
  - (b) number and dates of consultations and the fees charged for : :  
each consultation
  - (c) whether consultation was had at the hospital, at the consulting : :  
room of the specialist or Medical Officer, or at the residence of the patient, and
  - (d) whether the specialist or Medical Officer was consulted on : :  
the advice of the authorized medical attendant and 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 : :
10. Total number of vouchers : :

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

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

Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Name of the Employees : \_\_\_\_\_