

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

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

1. NAME AND DESIGNATION OF THE GOVERNMENT SERVANT (IN BLOCK LETTERS)	
(i) Whether married or unmarried :-	
(ii) If married the place where wife/husband is employed :-	
2. OFFICE IN WHICH EMPLOYED :-	
3. PAY OF THE GOVERNMENT SERVANT AS DEFINED IN THE FUNDAMENTAL RULES, AND ANY OTHER EMOLUMENTS WHICH SHOULD BE SHOWN SEPARATELY:-	
4. PLACE OF DUTY:	
5. ACTUAL RESIDENTIAL ADDRESS :-	
6. NAME OF THE PATIENT AND HIS/HER RELATIONSHIP TO THE GOVERNMENT SERVANT :- (In the case of children stage age also)	
7. PLACE AT WHICH PATIENT FELL ILL :-	
8. DETAILS OF THE AMOUNT CLAIMED :-	
9. MEDICAL TREATMENT	
(l) Fees for consultation, indicating :- (a) the name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached (b) the number and dates of consultations and the fee paid for each consultation : (c) The number and dates of injections and the fee paid for each injection :	

(d) Whether consultations and/or injections were had at the hospital at the consulting room for the medical officer or at the residence of the patient:	
(ii) Charges for pathological bacteriological, radiological or other similar tests undertaken during diagnosis indicating :-	
a) the name of the hospital of laboratory where the tests were undertaken on the advice of the authorized medical attendant. If so a certificate to that effect should be attached.:	
ii) Cost of medicines, purchased from the market (List of medicines cash memos and the essentiality certificates should be attached)	
11) HOSPITAL TREATMENT :-	
Name of the Hospital:-	
Charges for hospital, treatment indicating separately the charges for :	
i) Accommodation (State whether it was according to the status or pay of the Government Servant and incases whether the accommodation is higher than the status of the Government Servant 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 the case at the hospital . If so, a certificate to that effect should be attached.	
v) Medicines	
vi) Special Medicines (List of medicines, cash memos, and the essentiality certificates should be	

attached)	
vii) Ordinary nursing	
viii. Special nursing, i.e. nurses specially engaged for the 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 Government servant or patient. In the former case a Certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.	
ix. Ambulance charges	
x. Any other charges eg. 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 patient.	
Notes:- 1. If the treatment was received by the Government servant at his residence under rule 8 of Secretary of State Service (M.A) Rules, 1938, or rule 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.	
2. If treatment was received at hospital other than a Government hospital, necessary details and the Certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government hospital should in furnished	
III. CONSULTATION WITH SPECIALIST :-	
Fees paid to a specialist or a medical officer other than the authorized medical attendant, indicating	
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 fee charges for each	
c) Whether consultation was held at the hospital at the consulting room of the specialist or medical officer or at the residence of the patient.	

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.	
1. TOTAL AMOUNT CLAIMED :-	
2. LIST OF ENCLOSURES :-	

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 that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: _____

Signature of the Government Servant

And office to which attached