

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

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

Sr.	Particulars	
1	Name & Designation of the Govt. Servant (in BLOCK LETTERS)	
2	Office in which employed	
3	Pay of the Govt. Servant as defined in the fundamental Rules & other emoluments which should be shown separately.	
4	Place of Duty	
5	Actual Residential Address	
6	Name of the Patient & his/her relationship to the Govt. Servant (N.B.) in case of children, state the age also.	
7	Place at which patient fell ill	
8	Details of the amount claimed i) Fee for consultation a) The name & designation of Medical Officer consulted & the Hospital/Dispensary to which attached b) The number and date of consultation and other fee paid for each consultation c) The number and date of injections & the fee paid for each injection. d) Whether consultation &/OR injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.	
	ii) Charge for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating a) The name of the hospital/laboratory where the tests were undertaken, & b) Whether the tests were undertaken on the advice of the authorized medical attendant, if so, certificate to that effect should be attached.	--
	iii) Cost of medicines purchased from the market (List of medicines, cash memo No. and the essentiality certificate should be attached).	
9	Total amount claimed	
10	List of enclosures:	

DECLARATION TO BE SIGNED BY THE GOVT. SERVANT

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

Date / /200

Sign. of the Govt. Servant.

