

Form MED, 103

Certificate granted to Mr/Mrs/Miss
 Wife/Son/daughter of Mr.
 employed in the

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

- 1. Dr. hereby certify (a) that I charged and received Rs. for consultation on.....(dated to be given at my consulting room at the residence of the patient.
- b) that I charged and received Rs. for administrating intramuscular idjections or subcutaneous on (dated to be given) at my consulting room/he residence of the patient.
- c) that the injections administered were/were not for immunising or Prophylactic Purposes.
- d) that the patient has been under treatment at hospital/my consulting room and that the undermention medicines pres-cribed by me in this connection were essential for the recover/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of hospital) for supply to private Patients and do not include proprietary preparation for which cheaper subtunces of equal therapeutic value are available nor preparations which are primarily foods/toilets or disinfectants.

Name of medicines	Price
1)
2)
3)
4)

- e) that the patient is/was suffering from and is/was under my treatment from to
- f) that the patient is/was not given pre-natal treatment.
- g) that the X-ray Laboratory test etc. for which an expenditure of Rs. was incurred was necessary and were undertake on my advice at (name of hospital Laboratory).
- h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the (name of the Chief Administrative Officer of the State) as required under the rules was obtainal.
- i) that the patient did not of require / required hospitalisation

Dated :-

Signature and Designation of the
 Medical Officer and Hospital/
 Dispensary to which attached

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

1. Name & designation of the Govt. Servant. -.....
2. Office in which employed. -.....
3. Pay of the Govt. servant as defined in the fundamental rules and any other employments which should be shown separately -.....
4. Place of duty -.....
5. Actual residential address -.....
6. Name of the patients & his / her Relationship to the Govt. servant. -.....
7. Place at which the patient fell ill -.....
8. Details of the amount claimed -.....
- I **MEDICAL ATTENDANCE.**
- (a) The name & designation of the Medical officer consulted & the Hospital or dispensary to which attached. -.....
- (b) The number & dates of consultation Of the Medical officer consulted And the Hospital or dispensary to Which attached. -.....
- (c) Cost of medicines purchased from The market (list of medicines each Memos should be attached. -.....
9. Total amount claimed -.....
10. List of enclosures -.....

DECLARATION TO BE SIGNED BY THE GOVT. SERVANT.

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

Signature of the Government
servant and office to which
attached.