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—For Medical Attendance by Authorised Medical Attendant

١.	Name and designation of Government servant (in block letters)	•••			
	(i) whether married or unmarried	•••			
	(ii) if married, the place where wife/husbar employed	nd is	2		
2.	Office in which employed				•
3.	Pay of the Government servant as defined in Fundamental Rules, and any other emoluments with should be shown separately	n the which 			
4.	Place of duty				
5.	Actual residential address				
			0		
6.	Name of the patient and his/her relationship t	to the			
	Government servant	•••			
7	Place at which the patient fell ill				
	Detail of the amount daimed	1 III			
<u>-</u>		•••			
	I. Medical Attendance—				
	(i) Fees for consultation indicating—				
	(a) the name and designation of the m officer consulted and the hospital or d sary to which attached				
	(b) the number and dates of consultation a fees paid for each consultation	nd the			
	(c) the number and dates of injection and t paid for each injection	the fee			
	(d) whether consultations and/or injection had at the hospital, at the consulting of the medical officer or at the reside the patient	room			
	 (ii) Charges for pathological, bacteriological, logical, or other similar tests undertaken diagnosis indicating— 				
	(a) the name of the hospital or laboratory undertaken; and	where			
	(b) whether the tests were undertaken on to vice of the authorised medical attends so, a certificate to that effect show attached	ant. If		*	
	(iii) Cost of medicines purchased from the mar	ket			
	(Cash memos and the essentiality certi should be attached)	ficates		a a a l	10
	II. Consultation with Specialist—				
	Fees paid to a Specialist or a Medical Officer than the authorised medical attendant, indica	other			
	(a) the name and designation of the Special Medical Officer consulted and the hosp which attached				F ₂ ,
					The first than the second of the second

(b) number and dates of consultations and the fees

- (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 ...
- (d) whether the Specialist or Medical Officer was consulted on the advice of the authorised 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

O	Total amount claimed			-	-
٠.	Total allount claimed	•••	•••	•••	Rs

- 10. Less advance taken on Rs.
- 11. Net amount claimed Rs.
- 12. List of enclosures

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the 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	5.5	Signature of the Government servant
Date		and Office to which attached