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 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 Govt. servants as defined in the fundemental 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 Govt. servant
 (N.B.—In the case of children, state age also)
- 7. Place at which the patient fell ill
- 8. Details of the amounts claimed ---
 - I MEDICAL ATTENDANCE
- (i) Fees for consultation indicating ---
- (a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached.
- (b) The number and dates of consultation and the fee paid for each consultation
- (c) The number and dates 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
 undertaken during diagnosis indicating.
- (a) The name of the hospital or laboratory : where undertaken; and
- (b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that

(iii) Cost of medicines purchased from the (Cash memos and the essentiality certificate should be attached.)

HOSPITAL TREATMENT Name of the hospital II. Charges for hospital treatment, indicating

separately the charges for ----

- Accommodation (State whether it was according to the status or pay of the Govt. servant and in cases where the accommodation is higher than the status of the Govt. Servant a 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 tests indicating.
- The name of the hospital or laboratory (a) at which undertaken; and
- (b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that enect should be attached.

 Medicines hospital. If so, a certificate to that effect
- (v)
- Special medicines : (vi) (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 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 incharge of the case and countersigned by the Medical Superintendent of the hospital should be attached.
- Ambulance charges (ix) (State the journey ____ to and fro___ undertaken)
- and the second second Any other charges, e.g. charges for electric light for heater air conditioning ato state.

- Note 1:- If the treatment was received by the Govt. servant at his residence under Rules 7 of the CS(M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules.
- Note 2:- If the treatment was received at a hospital other than a Government hospital, Necessary details and the certificate of the Authorised Medical Attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III CONSULTATION WITH SPECIALIST ----

Fees paid to a specialist or a medical officer other than the authorised Medical attendent, indicating ----

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached
- (b) Number and dates of consultation 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 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.

9.	Total amount claimed		Rs.	
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10.	Less advance taken on		Rs.	
11.	Net amount claimed	:	Rs.	
12	List of enclosures			

DECLARATION TO BE SIGNED BY THE GOVT. 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.

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Date:		(Signature of the Govt. Servant
		And the office to which attached)