

**FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT**  
**(See Rule 8 (1))**

**(N. B. Seperate form should be used for each patient)**

1. Name and designation of the Government servant (in block letter) .....
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 children, give the following information also namely) :-
  - (i) Date of birth .....
  - (ii) Number in order of birth .....
  - (iii) Total number of children .....
7. Place at which patient fell ill .....
8. Nature of illness and its duration .....
9. Details of the amount 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 consultations and the fees paid for each consultation. ....
    - (c) Whether consultations were held at the hospital, the consulting room of 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 or laboratory where the tests were undertaken, and .....
    - (b) Whether the teste were undertaken on the advice of the authorised medical attendant, and if so, a certificate to that effect should be attached. ....
  - (iii) Cost of medicines purchased from the market. ....  
(List of medicines, cash memos and the essentiality certificate should be attached) .....

II- **HOSPITAL TREATMENT :-**

Charges for hospital, treatment, indicating separately the charges for -

- (i) Accommodation (state whether it was ..... according to the status of pay of the Government servant and in cases where the accommodation is higher than the status of the Government 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 .....
- (iv) Pathological, bacteriological, radiological or other similar tests indicating :-
  - (a) The name of the hospital or ..... laboratory 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 effect should be attached.
- (v) Medicines .....
- (vi) Special medicine ..... (List of medicines, cash memos and the essentiality Certificate 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 requests of the Government servant or patient. In the former case a certificate from the M. O. I/c. of the case and countersigned by the ..... Medical Superintendent of the hospital should be attached.
- (ix) Any other charges e.g., charges for electric ..... lights, fans, heaters, 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 patient...

Note :- If the treatment was received by the Government servant at his residence, give particulars of such treatment and attach a certificate from the authorised medical attendant.

- 10. Total amount claimed .....
- 11. List of enclosures .....

**Declaration to be signed by the Government servant**

I HEREBY DECLARE THAT the statements in 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.....201

Signature of the Government servant and Office to which attached

**FORM II**  
**Form of Essentiality Certificate**  
(See Rule 8 (2) )

**A-in case of medicines not included in the Priced Vocabulary of the Medical Stores Depot**

Certified that Shri/Shrimati/Kumari.....

Son/Wife/Daughter of shri.....

employed in the .....has been under my treatment

from.....to.....for.....(Name of the disease)

as the.....hospital as indoor/outdoor patient and that the undermentioned medicined have been prescribed by me in this connection. These medicined are not included in the Priced Vocabulary of the Medical Stores, nor are they Preparation which are primarily food, toilets or disinfectant. These medicines were absolutely essential for the treatment of the aforesaid patient.

**Name of Medicines**

- (1) .....
- (2) .....
- (3) .....
- (4) .....
- (5) .....

Signature and designation of the authorised Medical attendant/  
Signature of the Medical Officer I/c. of the case at the hospital

**B-In case of Medicines included in the Priced Vocabulary of the Medical Stores Dept**

I Certifi that Shri/Shrimati/Kumari.....

Son/Wife/Daughter of Shri.....

employed in the .....has been under my treatment

from.....to.....for.....(name of the disease)

at the.....hospital as indoor/outdoor patient and that the undermentioned medicined have been prescribed by me in this connection. Therse medicined are not included in the Priced Vocabulary of the medical Stores and are out of stock/not available in the.....hospital (They do not include any medicines proprietary or otherwise outside the aforesaid Priced Vocabulary not are they preparations which are primarily food, toilets or disinfectants)

	Name of medicines (1)	P.V.M.S. No. (2)	Cost (3) Rs. p.
(1)	.....	.....	.....
(2)	.....	.....	.....
(3)	.....	.....	.....
(4)	.....	.....	.....
(5)	.....	.....	.....
(6)	.....	.....	.....
(7)	.....	.....	.....

Signature and designation of the authorised Medical attendant/  
Signature of the Medical Officer I/c. of the case at the hospital

### **C-In Case of Insulin Treatment**

CERTIFIED THAT Shri/Shrimati/Kumari.....  
Son/Wife/Daughter of Shri/Shrimati.....  
has been under my treatment for diabetes at my hospital and that insulin prescribed by the  
.....  
.....was for treatment during the initial stage/in the  
hospital of the disease for which no reimbursement has been made extending over the period from  
.....the patient having  
developed complications necessitating hospitalisation.

**Authorised Medical Attendant/  
Medical Officer I/c. of the case at the hospital**

-----