

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.

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

- 1) Name and designation of the Government Servant (in Block letters)
- 2) Office in which employed
- 3) Pay of the Government servant as defined in the Fundamental-Rules & 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 amount claimed-

#### I. HOSPITAL TREATMENT

Name of the Hospital

Charges for hospital treatment, indicating separately the charges for -

- i). Accommodation ...  
(State whether it was according to the status or 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 or confinement ...
- iv). Pathological, bacteriological, radiological or other similar test, indicating -
  - a). the name of the hospital or laboratory at which undertaken
  - b). Whether undertaken on the advise of the medical officer in charge of the case the hospital, if so, a certificate

- v) Medicines
- vi) Special Medicines ...  
(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 request of the Govt. servant or patient. In the former case a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
- ix) Ambulance charges ...  
(State the journey - to and from undertaken)
- x) Any other charges, e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.

Note : 1. If the treatment was received by the Government servant at his residence under rule 3 of the Secretary of States Service (M.A.) Rules 1938 or rule 7 of the C.S. (M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2. If the treatment was received at a hospital other than a Govt. Hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Govt. Hospital should be furnished.

9)	Total amount 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 this 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 :

Signature of the Government servant  
and office to which attached

m.j.  
25188/