OFFICE OF THE DISTRICT & SESSIONS JUDGE: DELHI.

Sub: Form of application for claiming return of medical expenses incurred in connection medical attendance and or treatment of Central Government servant and their families for medical attendance/attendant and hospital.

1. Name & Designation of Govt Servant (IN BLOCK LETTER) : _____

2. Whatever married or unmarried : _____

   If married the place where wife/ husband is employed. _____

3. Pay of the Govt. Servant as defined in the fundamental rules and may other emolument which should be shown separately _____

   i) Pre-Revised Pay Scale _____
   ii) Revised Pay Scale _____

4. Place of duty _____

5. Actual Residence 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 _____

9. I) Medical Attendance-
   ii) Fees for consultation indicating _____

   a) the name and designation of the medical officer consulted and the hospital or dispensary to which attached. _____

Contd….2

b) the number and dates of consultation and fee paid for each consultation _____

c) the number and dates of injection and the fee paid for each consultation _____

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 tests undertaken _____

a) the name of the hospital or laboratory where undertaken and _____

b) whether the tests were undertaken of the advice of the authorized medical attendant. If so, a certificate to that effect should be attached. _____

iii) Cost of medicines purchased from from the market. _____

II 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 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 _____

Contd….3….

iii) Surgical operation or medical treatment or confinement _____

iv) Pathological bacteriological radiological or other similar tests indication

a) the name of the hospital or laboratory at which undertaken and _____

b) whether undertaken on the advice of the medical officer in charges of the case at the hospital. If so a certificate to the effect should be attached _____

c) Medicines _____

d) Special medicines _____

e) Ordinary nursing

C. <u>Consultation with specialist</u>

Fee paid is specialist on Medical Officer other than the authorized Medical Attendant, indicating:-

a) The name and designation of the specialist medical officer consulted and the hospital to which attached.

b) Number and date of consultations and the fees charges for cash consultation.

c) Whether consultation was held at the hospital at the consulting room of the specialist or medical officer at the residence of the patient and

d) Whether the specialist or Medical Officer was consulted on the advise of the authorised medical attendant and the prior approval of the chief Medical Administrative Officer should be attached.

9. Total Amount Claim _____

10. Less Advance taken on _____

11. Net Amount Claimed _____

Contd…4…

12. List of enclosures Rs._____

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

SIGNATURE OF THE GOVT. SERVANT
OFFICE / COURT TO WHICH ATTACHED
Dated:- WITH _____
Room No. _____
Place:- _____

Note:- Original Essential Certificates as well as a Photocopy of the same may be attached.