

**Application form for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servant and their families – for medical attendance/ treatment taken both form an authorized medical attendant and a Hospital**

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 Government servant as defined in the Fundamental Rules and any other emoluments, which should be shown separately. ....
  4. Place duty. ....
  5. Actual residential address. ....
  6. Name of the patient and his/her relationship to the Government 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 consultation and/or injection 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 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 authorized medical attendant. If so, a certificate to that effect should be attached.....

(iii) Cost of medicines purchased from the market .....  
(Case memos and the essentiality certificates should be attached)

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## **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 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 of medical treatment or confinement.....

(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 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 are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Government servant or patient. In the former case a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.....

(ix) Ambulance charges -----  
(State the journey --- to and fro ----- undertaken

(x) Any other charges, e.g., charges for electric light, fan, heater, 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 the patient.

Note 1. ----- If the treatment was received by the Government servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorized 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 Authorized Medical Attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

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### **III Consultation with Specialist -----**

Fee paid to Specialist or a Medical Officer other than the Authorized Medical Attendant, indicating -----

(a) the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached .....

(b) number and dates of consultations and the fees charged for each consultation.

(c) whether consultation had was 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 Authorized Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that should be attached.....

9. Total amount claimed ..... Rs.

10. Less advance taken on ..... Rs.

11. Net amount claimed ..... Rs.

12. List of enclosures ..... Rs.

**DECLARTAIION 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.

Signature of the Government servant and  
Office to which attached

Date .....

**Application form for claiming refund of medical expenses incurred in connection with medical attendance/treatment of Central Government servants or their families for treatment in a Hospital**

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 Government servant as defined in the Fundamental Rules and any other emoluments, which should be shown separately.
  4. Place duty. ....
  5. Actual residential address. ....
  6. Name of the patient and his/her relationship to the Government 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. 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 of 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 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 are employed on the advice of the Medical Officer in  
charge of the case at the hospital or at the request of the  
Government servant or patient. In the former case a certificate  
from the Medical Officer in charge of the case and countersigned  
by the Medical Superintendent of the hospital should be  
attached.....
- (ix) Ambulance charges -----  
(State the journey --- to and fro ----- undertaken
- (x) Any other charges, e.g., charges for electric light, fan, heater, 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 the patient.....

Note 1. ----- If the treatment was received by the Government servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorized 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 Authorized

Medical Attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

**III Consultation with Specialist -----**

Fee paid to Specialist or a Medical Officer other than the Authorized Medical Attendant, indicating -----

(a) the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached .....

(b) number and dates of consultations 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 Authorized Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that should be attached.....

9. Total amount claimed ..... Rs.

10. Less advance taken on ..... Rs.

11. Net amount claimed ..... Rs.

12. List of enclosures ..... Rs.

**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.

Signature of the Government servant and  
Office to which attached

Date .....

**Application form 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 Authorized Medical Attendant**

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 Government servant as defined in the fundamental Rules and any other emoluments, which should be shown separately.
  4. Place duty. ....
  5. Actual residential address. ....
  6. Name of the patient and his/her relationship to the Government 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 consultation and/or injection 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 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 authorized medical attendant. If so, a certificate to that effect should be attached.....

(iii) Cost of medicines purchased from the market .....  
(Case memos and the essentiality certificates should be attached)

**II. Consultation with Specialist -**

Fee paid to Specialist or a Medical Officer other than the Authorized Medical Attendant, indicating -

(a) the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached .....

(b) number and dates of consultations 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 Authorized Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that should be attached.....

9. Total amount claimed ..... Rs.

10. Less advance taken on ..... Rs.

11. Net amount claimed ..... Rs.

12. List of enclosures ..... Rs.

**DECLARTAIION 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.

Signature of the Government servant and  
Office to which attached

Date .....

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter of  
Mr. \_\_\_\_\_ employed in the \_\_\_\_\_

\_\_\_\_\_.

I, Dr. \_\_\_\_\_ hereby certify \_\_\_\_\_

\_\_\_\_\_

- (a) that I charges and received Rs. \_\_\_\_\_ for \_\_\_\_\_ consultation on \_\_\_\_\_ (dates to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_ on \_\_\_\_\_ intravenous/intra-muscular/subcutaneous injection on \_\_\_\_\_ (dates to be given ) at \_\_\_\_\_ my consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at \_\_\_\_\_ hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the \_\_\_\_\_ (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Names of medicines

Price

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

- (e) that the patient is/was suffering from \_\_\_\_\_ and is /was under my treatment from \_\_\_\_\_ to \_\_\_\_\_;
- (f) that the patient is/was not given pre-natal or post-natal treatment ;
- (g) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

Dated: \_\_\_\_\_

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate \_\_\_\_\_ granted \_\_\_\_\_ to  
Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter of  
Mr. \_\_\_\_\_ employed in the Central Pollution Control Board.

PART-A

I, Dr. \_\_\_\_\_ hereby certify \_\_\_\_\_  
\_\_\_\_\_

(a) that the patient was admitted to hospital on the advice of  
\_\_\_\_\_ (name of the Medical Officer)/on my advice:

(b) that the patient has been under treatment  
at \_\_\_\_\_ and that the under mentioned medicines  
prescribed by me in this connection were essential for the recovery/prevention of  
serious deterioration in the condition of the patient. The medicines are not stocked  
in the \_\_\_\_\_ (name of the hospital) for supply to  
private patients and do not include proprietary preparations for which cheaper  
substances of equal therapeutic value are available nor preparation which are  
primarily foods, toilets or disinfectants:

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(c) that the injections administered were/were not for immunizing or  
prophylactic purposes:

(d) that the patient is/was suffering from \_\_\_\_\_ and is/was  
under treatment from \_\_\_\_\_ to \_\_\_\_\_ ;

(e) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);

(f) that I called on Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

\_\_\_\_\_ Signature and Designation of the  
Medical Officer in charge  
of the case at the hospital

#### PART-B

I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the service of the special nurses for which an expenditure of Rs. \_\_\_\_\_ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of  
the Medical Officer in charge  
of the case at the hospital

#### COUNTERSIGNED

\*I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent  
\_\_\_\_\_ Hospital

Place:

Note:- Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

\*The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.



1. प्रमाणित किया जाता है कि मैंने अपना यह समाधान कर लिया है कि इस तारीख से 1 मास / 2 मास / 3 मास / पहले लिखे गए बिलों में सम्मिलित राशि, उसको छोड़कर जिनके ब्यौरे नीचे दिए गए हैं (जिसकी कुल राशि इस बिल से कटौती करके प्रतिसंदत्त कर दी गई है, उसमें नामित सरकारी सेवकों को संवितरित कर दी गई है और उनकी रसीद बिल की कार्यालय प्रतियों में या एक अलग निस्तारण पंजी में ले ली गई है।

Certified that I have satisfied myself that the amounts included in bills drawn 1 month/2 months/3 months previous to this date, with exception of those detailed below (of which the total amount has been refunded by deduction from this bill) have been disbursed to the Govt. servants therein named and their receipts taken in the office copies of the Bill or in a separate Acquittance Roll.

अवधि / Period

राशि / Amount

2. वापस किए गए चिकित्सा प्रभारों के ब्यौरे स्थापन पदधारी का नाम

*Details of Medical Charges refunded:*

Section of establishment and name of incumbent:

3. प्रमाणित किया जाता है कि आवश्यकता प्रमाण पत्र, रसीदे आदि इसके साथ संलग्न हैं।

Certified that Essentiality Certificates, receipts, etc., are appended.

संदाय प्राप्त किया  
Received Payment

हस्ताक्षर / Signature .....  
आहरण अधिकारी का पदनाम / Designation of Drawing Officer

..... वर्ष के लिए विनियोजन ..... रु. के लिए पारित इस बिल सहित व्यय .....  
Appropriation for ..... Expenditure including this bill .....  
Passed for Rs. ....

स्थान / Station .....  
तारीख / Dated .....

नियंत्रक अधिकारी के हस्ताक्षर  
Signature of Controlling Officer  
पदनाम / Designation

..... को ..... रूप संदाय के लिए पारित चेक / ड्राफ्ट सं .....  
Passed for payment of Rs. .... (Rupees .....)  
.....  
to ..... by Cheque / Demand Draft No. ....

वेतन और लेखा अधिकारी / चेक द्वारा धन निकालने वाला आहरण और संवितरक अधिकारी  
Pay and Accounts Officer/Cheque Drawing DDO

वाउचर सं. / VOUCHER NUMBER

तारीख / DATE  
(दि. / DD मा. / MM व. / YY)

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श्रेणी / CATEGORY  
(क / ख / ग) / (A/B/C)

चेक सं. / CHEQUE NUMBER

तारीख / DATE  
(दि. / DD मा. / MM व. / YY)

राशि / AMOUNT  
रु. / Rs. पै / P.

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रद्द किए गए चेक का ब्यौरा / DETAILS OF CHEQUE CANCELLED:—

श्रेणी / CATEGORY  
(क / ख / ग) / (A/B/C)

चेक सं. / CHEQUE NUMBER

तारीख / DATE  
(दि. / DD मा. / MM व. / YY)

राशि / AMOUNT  
रु. / Rs. पै / P.

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वेतन और लेखा कार्यालय के उपयोग के लिए  
FOR USE IN PAY AND ACCOUNTS OFFICE

(पश्चातवर्ची जांच)  
(Post-check)

..... रु. के लिए स्वीकृति / Admitted for Rs. ....  
..... रु. पर आक्षेप / Objected to Rs. ....

आक्षेप के कारण / Reasons for objection .....

लेखापाल / ज्येष्ठ लेखापाल  
Accountant / Sr. Acctt.

कनिष्ठ लेखा अधिकारी / सह लेखा अधिकारी  
Jr. A.O. / A.A.O.

वेतन और लेखा अधिकारी  
Pay and Accounts Officer

