



**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Govt. servant and their families**

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

1. Name and Designation of the Govt. servant.  
(in block letter)
2. Office in which employed
3. Pay of the Govt. servant
4. Place of duty
5. Actual residential address
6. Name of the patient and his/her relationship with the Govt. servant (in the case of children state age also)
7. Place at which the patient fall ill
8. Details of the amount claimed

MEDICAL ATTENDANCE

- (a) Name and designation of the M.O. consulted & the hospital/dispensary to which attached.
  - (b) The no. and date of consultation and the fee paid for each consultation.
  - (c) The no. and date of Injection and the fee paid for each consultation.
  - (d) Whether consultation and /or injection were had at the hospital / dispensary / or the residence of the patient
- II. Charges for pathology Bacteriological other similar tests were undertaken during the diagnosis Indicating
- (a) The names of he hospital or laboratory were the tests were undertaken and
  - (b) Whether the tests were undertaken and advice of the AMA if so, a certificate should be attached.
- III. Cost of medicines purchase from the market List of medicines and cash memos and the essential certificate should be attached.

9. Total Claimed
10. List of enclosure (I) essential certificate
  - (i) List of medicines and cash memos
  - (ii) Prescription memo, in original and cash memos

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

1. I hereby declare that the statement in this application are to the best of my knowledge and belief and that the patient for whom the expenses were incurred is wholly dependent on me.
2. Certified that there is no Central Govt. authorised medical shop cooperative or fair price shop within the orbit of 2 kilometers from my residence.
3. The chemist shops from where the medicines have been purchased is are situated within radius of 2Km. from any residence.

Dated.....

No. Med/Dept.

Passed for Rs.....paise

Signature of the Government  
servant and designation