

**FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH
MEDICAL ATTENDANCE FOR TREATMENT OF CENTRAL GOVT. SERVANTS AND THEIR FAMILY**

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

1. Name and designation of the Govt. 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 Govt. Servant as defined in the F.R. & 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.
7. Place where the patient fell ill
8. Details of the amount claimed

I. MEDICAL ATTENDANCE

- a) The name and designation of the medical officer consulted and the hospital to which attached.
 - b) The number and dates of consultations & fee paid for each consultation.
 - c) The number and dates of injections & the fee paid for each injection
 - d) Whether consultations 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 lab where the tests were undertaken and
 - b) Whether the tests were undertaken on the advise of the authorized medical attendant if so a certificate to that effect should be attached.
- III cost of medicines purchased from the market (cash memo- & the essentiality certificate should be attached)

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 GOVT. SERVANT

I hereby declare that the statement in this application are true to be 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 GOVT. SERVANT