**I.C.A.R.-NATIONAL DAIRY RESEARCH INSTITUTE. KARNAL**

**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.**

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

1. Name and designation of the 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 Govt. servant as defined in the Fundamental rules, and 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 case of children, state age also)

7. Place at which the patient fell ill

8. Details of the amount claimed:

**I. MEDICAL ATTENDANCE**

i) Fees for consultation, indicating:

a) the name, qualification 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 injections and the fee paid for each injection

d) whether consultations and/or injections were had at the hospital and/or the consulting room of the medical officer or at the residence of the patient

ii) Charges for pathological, bacteriological, radiological or other similar teats undertaken during diagnosis indicating:

a) the name of the hospital or laboratory where the tests were undertaken, &

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.
List of medicines, cash memos and the essentiality certificate should be attached

**II. HOSPITAL TREATMENT**

Name of the hospital_____

Charges for hospital treatment, indicating separately charges for: -

(i) Accommodation._____
(State whether it was according to the status or pay of the Government servant And in cases whether 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 of confinement

(iv) Pathological, bacteriological, radiological or other similar tests, indicating:-

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

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:
List of medicines, cash memos and the essentially 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 incharge 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 counter-Signed 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 referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

Note: - If the treatment was received by the government servant at his residence Under rule 8 of Secretary of States Services (M.A.) Rules 1938 or Rule 7 of the CS(M.A.) Rules 1944, give particulars of such treatment and attach a certificate from the authorized Medical attendant as required by these rule. If treatment was received at hospital other than a government hospital necessary details and the certificate of the authorized medical attendant that requisite treatment was not available in any nearest government hospital should be furnished.

**III CONSULTATION WITH SPECIALIST**

Fees paid to a 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 consultation and the fee 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.
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 effect should be attached.

9. Total amount claimed:

10. List of enclosures:

DECLARATION TO THE 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.
**Bank A/c: -**

**I.C.A.R.-NATIONAL DAIRY RESEARCH INSTITUTE**
**KARNAL-132001 (HARYANA)**

Certificate granted to Mr./'Mrs/Miss _____son/wife/daughter/father/mother of Mr. _____employed in the office of the Director, National Dairy Research (I.C.A.R.), Karnal (Haryana).

**CERTIFICATE 'B'**

(To be completed in the case of patients who are admitted to hospitals for treatment)

**PART** 'A'

I, Dr. _____ hereby certify:-

a) That the patient was admitted to hospital on my advice/ on the advice of Dr. _____

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 _____ 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 primary foods, toilets or disinfectants.

| S. No. | NAME OF MEDICINE | QTY | PRICE |
|---|---|---|---|

c) That the injections administered are/were not for immunizing or prophylactic purposes.

d) That the patient is/was suffering from _____ and is/was under my treatment from _____ to _____

e) That the X ray, Lab tests, etc. for which an expenditure of Rs. _____ was incurred, were necessary and were undertaken on my advice at _____

f) That I called in Dr._____ for specialist consultation and that the necessary approval of the Chief Administrative Medical Officer of the state as required under the rules was obtained.

Date: _____

Signature and designation of
Medical Officer (in-charge in
the case of Hospital)

**PART 'B'**

I certify that the patient has been under treatment at the _____ hospital and that 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 patient.

Signature and designation of
Medical Officer (in-charge in
the case of Hospital)

**COUNTERSIGNED**

I certified that the patient has been under treatment at the _____and that the facilities provided were the minimum which were essential for the patient treatment.

Dated: _____ Medical Superintendent of Hospital

Annexure (CS)

CASH & BILL SECTION
I.C.A.R.-NATIONAL DAIRY RESEARCH INSTITUTE, KARNAL-132001 (HARYANA).

Necessary information to be furnished by Authorised Medical Attendant with regard to the patient at the time of admission:

1. Sign of symptoms of the patient at the time of admission:

_____

_____

_____

_____

_____

2. Investigation done with reports:

_____

_____

_____

_____

_____

3. General Physical/Vital examination at the time of admission:

_____

_____

_____

_____

_____

SIGNATURE OF THE DOCTOR
(With Date & Seal)

# EMERGENCY CERTIFICATE

Sub:- Emergency Certificate for patient Mr./Mrs./Miss.....

I certify that the patient Shri/Mrs/Miss.....

has been given emergency treatment at the.....

(Name of Clinic/Nursing home/Hospital)

For..... .and that the Medicines/treatment facilities
(Name of disease )

provide to him/her were essential for immediate Recovery/prevention serious deterioration in the condition of the patient. For this emergency treatment a Fee Rs..... (Rupees.....).has been charged from him/her vide bill(s)/cash Memo Nos.....dated..... and he/she has incurred an expenditure of Rs..... on essential medicines immediately required for emergency treatment and purchased by him/her from the market vide bill(s)/cash Memo Nos.....dated.....

Date:-

Signature of the practitioner/Medical Officer
In-charge of the Hospital/Nursing Home/Clinic
Medical Superintendent

Countersigned by (Name)
(Authorised Medical Attendant)