

Central Institute for Research on Buffaloes

SIRSA ROAD, HISAR (Haryana)

FROM OF APPLICATION FOR MEDICAL CLAIMS

From of application for claiming refund of medical expenses incurred in connecton with medical attendance and/or treatment of Central Government servants and their families-For medical attendance/ treatment taken both from an Authorized Medical Attendant and a Hospital

1. Name & Designation of the Government Servent (in Block Letter)
- i) Whether married or unmarried
- ii) If married, the place where wife/husband is employed
2. Office in which employed
3. Pay of Government Servent (as defind in the Fundamental Rules, and any order emoluments which should be shown seperately)
4. Place of Duty
5. Actual residential address
6. Name of the patient and his/her relarionship to the Government Servant
- N.B. (in case of children state age also)**
7. Place at which the parient fell ill.
8. Detailed of the amounts claimed
1. Medical Attendance :
- i) Fees for consultation indicating.
- a) Name & Designation of the Medical Officer consulted and the hospital or dispentary to which attached.
- b) The number and dates of consultation and the fee paid for each consulation.
- c) The number and dates of injection and the fee paid for each Injection
- d) Wherher consultation and / or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.
- ii) Change for Pathological, Becteriological, Rediological of other Similar tests undertaken during diagnosis indicating.
- a) The name of the hospital or laboratory/where undertaken,and
- b) Wherher the tests were undertaken on the advice of the authorised medical attendant, if so, a certificate to that effect should be attached.
- III Cost of medicines purchased from the market,
- (Cash Memos and the essentiality certificate should be attached)
9. Total Amount Claimed :-Rs.
10. List advance taken onRs.
11. Net Amount claimedRs.
12. List of enclosures :-

DECLARATION OF 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.

Dated.....
Place

Signature of the Government Servant
and officer to which attached

