

**FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT**

(See Rule [8] I)

(N.B. - SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

1. Name and designation of government  
Servant in block letters. \_\_\_\_\_
  2. Office in which employed \_\_\_\_\_
  3. Pay of the Government servant as defined in  
the fundamental Rules and any other employ-  
ment which should be shown separately. \_\_\_\_\_
  4. Place of duty. \_\_\_\_\_
  5. Actual residential Address. \_\_\_\_\_
  6. Name of the patient and his/her relation  
Government Servant. \_\_\_\_\_  
(N.B. in the case of children, stage I,  
S.No. of Child.  
(i) Date to the \_\_\_\_\_  
(ii) Number in order of birth \_\_\_\_\_  
(iii) Total number of children \_\_\_\_\_
  7. Place at which patient fell ill. \_\_\_\_\_
  8. Name of illness and duration \_\_\_\_\_
  9. Details of the amount claimed. \_\_\_\_\_
- I - Medical attendance :-**
- (i) Fees of consultation indicating - \_\_\_\_\_
    - (a) The name and designation of the  
Medical Officer consulted and  
hospital or dispensary to which  
attached. \_\_\_\_\_
    - (b) The number and dates and  
consulting and the fees paid for  
consultation. \_\_\_\_\_
    - (c) Whether consultation were had at  
the hospital at the consulting room  
of the officer or at the residence of  
the patient. \_\_\_\_\_
  - (ii) Charges for pathological, bacterio  
logical, radiological or other similar  
tests under taken during diagnosis  
indicating. \_\_\_\_\_
    - (a) The Name of the hospital or  
laboratory where the test  
undertaken and. \_\_\_\_\_
    - (b) Where the tests were undertaken  
on the advice of the authorised  
medical attendant and if so,  
certificate to that effect should be  
attached. \_\_\_\_\_
  - (iii) Cost of medicines purchased  
from the market (List of medicines,  
Cash memo and the essentiality  
certificate should be attached) \_\_\_\_\_

**II- Hospital treatment-**

Charges for hospital treatment including  
separately the charges for-

- (i) Accomodation state whether it was according to the status or pay of the Government Servant & in cases where the accomodation in the higher than the status of the Government servant a certificate should be attached to the effect that accomodation to which he was entitled was not available.
- (ii) Dist.
- (iii) Surgical operation or Medical treat-
- (iv) Pathological bacteriological 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 Incharge of the case at the hospital if so a certificates to that effect should be attached.
- (v) Medicines.
- (vi) Special Medicines.  
(List of medicines case memos & the essentiality certificate should be attached)
- (vii) Special nursing i.e.nurses specially engaged for the Patient-State whether they were 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 M. O. I. C. of the case and undersigned by the medical superintendent of the hospital should be attached.
- (viii) Any other charges e. g. charges for electric light fan, heater, air - conditioning, etc. State also what her the facilities referred to are a part of facilities normally provided to all Patients and no choice was left to Patient.

Note - If treatment was received by the Government servant at his residence give particulars of such treatment and attached certificate from authorised Medical attendant.

10) Total amount claimed.

11) List of enclosures.

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**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I HEREBY DECLARE THAT the statements in application are true to the best of my knowledge and belief & that the person for whom medical expenses were incurred is wholly dependent upon me.

Date : ..... 200

Signature of the Government Servant  
and Officer to which attached

**FORM - II**  
**FORM OF ESSENTIALITY CERTIFICATE**

Sec Rule 8 (2)

**A- In case of medicines not included in the priced vocabulary of the Medical Store Depot.**

CERTIFICATED that Shri/Smt./Kumari \_\_\_\_\_  
Son/Wife/Daughter of Shri \_\_\_\_\_  
employed in the \_\_\_\_\_ has been under my  
treatment from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
(name of the disease) at the \_\_\_\_\_ hospital as  
in-door/out door Patient and that the under mentioned medicines has been prescribed by me in this  
connection. These medicines are not included on the priced vocabulary of Medical Stores not or they  
Preparation which are primarily food, toilets or disinfatants, These medicines were absolutely essential  
for the treatment of the aforesaid patient.

**NAME OF MEDICINES**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

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**CERTIFICATE**

This is certify that the Medicines presented out of P.V.M.S. list were essenties to  
the patient.

\_\_\_\_\_  
Signature and designation of the authorised  
medical attendant/Signature of the Medical  
Officer I/c of case at the hospital.

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**B-IN CASH OF MEDICINES INCLUDED IN THE PRICED  
VOCABULARY OF THE MEDICAL STORES DEPOT.**

1. CERTIFY THAT Shri/Shrimati/Kumari \_\_\_\_\_  
Son/Wife/Daughter of Shri \_\_\_\_\_ employed in the  
\_\_\_\_\_ has been under my  
treatment from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ (Name of the disease) at the \_\_\_\_\_  
\_\_\_\_\_ hospital as in-door/out-door patient and that the undermentioned  
medicines have been prescribed by me in this connection.

These medicines are included in the priced vocabulary of the Medical Stores and are out of  
stock not available in the hospital. They do not include any medicines proprietary or otherwise  
outside the aforesaid priced vocabulary not are they preparations with are primarily food,  
toilets or disinfectants.

Name of Medicines (1)	P.V.M.S. No. (2)	Cost (3)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

\_\_\_\_\_  
Signature and designation of the authorised/  
medical attendant/Signature of the medical  
Officer I/c of case at the hospital