



ASSAM UNIVERSITY SILCHAR

অসম বিশ্ববিদ্যালয় সিলচর

CERTIFICATE 'A'

Form of Application for Medical Claims

(To be completed in the case of all patients both admitted/not admitted to hospital for treatment)

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

1. Name and Designation of the Employee(in block letters):

(i) Whether married or unmarried :

(ii) If married, place where wife/husband is employed :

2. Office in which employed :

3. Pay of the employee 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 with the Government servant :

7. Whether the person in respect of whom the claim is made is /are legally a dependent upon the Govt. servant :

8. Place at which patient fell ill :

9. What type of leave was sanctioned for the purpose?
State the duration of the leave sanctioned :
(in case of the employee himself/herself if treatment is done outside the headquarters, copy of leave order may be enclosed)

10. Details of the amount claimed

i) Fees for consultation :

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

iii) Cost of medicines purchased from the market (cash memos and essentiality certificates should be attached):

Sl.No.	Name of Medicines	Quantity	Price (in Rs.)	Amount (in Rs.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note 1.

If the treatment was received by the Government servant at his residence under Rule 7 of the SC (MA) Rules, 1944, give particular of each treatment and attach a certificate from the authorized medical attendant as required by these rule

- 11. Consultation with specialist :
- 12. Total amount claimed : Rs.
- 13. Bank Account No. :

DECLARATION TO 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.

Date:

Signature of the Government servant and
the office to which attached

I certify that the patient has been under the treatment of Dr. and that after scrutiny the admissible medicines/Tests are as follows:

Sl. No.	Name of Medicines/Clinical pathological Tests etc.	Quantity	Price	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date:

Medical Officer
Health Centre, Assam University

For Office use

only Total admissible amount: _____

Signature