

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES IN CONNECTION WITH
MEDICAL ATTENDANCE OR TREATMENT OF CENTRAL GOVT. SERVANT AND THEIR FAMILIES**

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

1. Name & 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 : Indian Institute of Sugarcane Research, Lucknow.
3. Pay of the Govt. Servant Rs. _____ /- plus allowances.
4. Place of duty I.I.S.R.- Lucknow
5. Actual Residential Address:
6. Name of the patient and
his/her relationship to the :
Govt. Servant
N.B. In the case of children state age also.
7. Place of illness and its duration:
8. Nature of Disease:
9. Details of the amount claimed
 - i.(a) Fee for consultation indication name &
Designation of the Medical officer consulted
and the hospital or dispensary to which attached.
 - (b) The Nos. and dates of consultation and
The fee paid for each consultation.
 - (c) The nos. and date of injection and
The fee paid for each injection
 - ii. Cost of medicines purchase from the
Market list of medicines purchased from
The market cash-memo and the essential
Certificate attached.
10. Total amount claimed
11. List of enclosures.....

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and behalf that the person for whom medical expenses were incurred in wholly dependant upon me.

Dated :

Signature and date of the Govt.
Servant and office to which attached

Certificate granted to Mr./Mrs./Miss.....

Wife/Son/Daughter/Mother/Father or Brother of.....
(Employed in the Indian Institute of Sugarcane Research, Lucknow.)

CERTIFICATE

(To be completed in the case of patients who are not admitted in hospital for treatment)

1. (a) I, Dr. hereby certify that I charged and
Received Rs.(Rupees) for.....
Consultation ondated to be given
at my consulting room outside hospital hours/at the residence of the patient.

(b) That I charged and received Rs..... Rupees)
Ondate to be given) at my consulting room/outside hospital hours/the residence of
the patient.

(c) that the injection administered were for/where not immunising or prophylactic purposes.

(d) That the patient has been under treatment athospital/ my consulting
room and that 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
in the stockeddo not include proprietary preparations for
which cheaper substances of equal therapeutic value are available for preparation with the primarily
foods, toiletries or disinfectants.

Sl.No.	Name of the medicines (Block letters)	Rs.	Paise.
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.....
(e) that the patient is/was suffering from.....
and is/was under my treatment from.....to.....

(f) That the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-ray laboratory tests etc. for which in expenditure of Rs.
(Rs._only) was incurred were hospitalary and were
undertaken on my advice at.....

(h) that I referred the patient to Dr. for
specialist consultation and that necessary approval of(name
of the Chief Administrative Medical Officer of the State) as required under that rule was obtained.

Certified that the medicines have been purchased from authorised medical
dealer/shops.

Dated :

Signature and designation of the
Medical Officer and the Hosp/Disp./to which attached