

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH**

**INDIAN INSTITUTE OF VEGETABLE RESEARCH**

**Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305**

**APPLICATION FORM FOR MEDICAL CLAIMS**

*(For refund of medical expenses for Central Government Servants & their families)*

1. Name and designation of Government Servant :
2. (i) Whether married or unmarried :
- (ii) If married the place where wife/husband is employed :
3. Office in which employed :
4. Place of Duty :
5. Actual residential Address :
6. Name of patient & his/her relationship with the Govt. servant :
7. Pay of the Govt. Servant defined in the fundamental rule and any other emoluments which should be shown separately. :
8. **DETAILS OF THE AMOUNT CLAIMED**
  - (I) Medical attendance
    - (i) Fee for consultation indicating :
    - (ii) Name and designation of the medical officer consulted and the hospital . :
    - (iii) The number and date of consultation and fee paid for each consultation. :
    - (iv) The number and date of injection and fee paid for each injection. :
    - (v) Whether consultancy and/or injection were had at the hospital at consulting room of the doctor :
  - (II) Charge for pathological bacteriological, radiological or other similar tests undertaken during diagnosis indicating :
    - (i) Name of the hospital or laboratory and
    - (ii) Whether tests were undertaken on the advice of AMA. If so, provide a certificate to that effect :
  - (III) Cost of the medicines purchased from Market (Cash Memo & the essentially certificates should be attached) :
9. Total amount claimed :
10. Net amount claimed :
11. List of enclosures :

**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 was wholly dependent upon me.

Dated:

Signature

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH**

**INDIAN INSTITUTE OF VEGETABLE RESEARCH**

**Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305**

**ESSENTIAL CERTIFICATE 'A' (FORM MED. 103)**

Certificate granted to Mr./ Mrs./ Miss/ Dr./  
Wife/ son/ Daughter of Mr./ Mrs./ Dr.  
Employed in the

**CERTIFICATE**

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

I, Dr..... hereby certify.

- a. That I charged and receive Rs. .... for consultations on ..... (date to be given) at my consulting room/ at the residence of the patient.
- b. That I charged and received Rs..... for administering ..... intravenous Inter muscular / subcutaneous injection on..... at my consulting room/ at the residence of patient.
- c. That the injections administered were/ were not for immunizing or prophylactic purpose.
- d. That the patient has been under treatment at ..... hospital / my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery / prevention of service deterioration in the condition of the patient. The medicines are not stocked in the ..... (Name of Hospital) for supply to private and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primary foods tollets or disinfectants.

Sl.No.	Name of the medicines (IN BLOCK LETTERS)	Price
--------	--	-------

- 
- e. That the patient is /was suffering from ..... (in block letters) and is / was under my treatment from ..... To .....
  - f. That the patient is /was not given prenatal/or post natal treatment.
  - g. That the X-ray laboratory test etc. for which and expenditure or Rs. .... was incurred were necessary and were undertaken on my advice at ..... (name of the hospital / laboratory.)
  - h. That I referred that patient to Dr. .... For specialist consultation and that the necessary approval of the .....as required under the rules was obtained.

Medical Officer States:

1. That the patient did not required hospitalization.
2. That the treatment is over/continued

Dated:

SIGNATURE OF THE M.O.  
WITH SEAL OF HOSPITAL