

Certificate granted to

CERTIFICATE "A"

1. Dr. here by certify
- (a) that I charged and received Rs. for consultation(s) on (date to be given) at my consulting room/ at the residence of the patient out of hospital hours.
- (b) That I charged and received Rs for administering injection(s) on (the date(s) to be given) intravenous/ intra-muscular/ subcutaneous at my Consulting room / at the residence of the patient out of hospital hours.
- (c) That the injections administered were / were not for immunising or prophylactic purposes.
- (d) That the patient has been under treatment at my hospital / at my consulting room and that the 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 stocked in the Dispensary for supply to the patient and do not include proprietary preparations for which cheaper substitute, substance of equal therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

Name of medicines	Quantity	Price
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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 prenatal treatment
- (g) that the X-Ray, Laboratory tests, etc for which an expenditure of Rs. was incurred, were necessary and were undertaken on my advice at (Name of Hospital or Laboratory)
- (h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the (Name of the Chief Admn. / Medical Officer of the state) as required under rules were obtained.
- (i) that the patient did not require / required hospitalization.
- (j) that the case is / was not one of prolonged treatment

Station

Date

Signature and designation of the Medical Officer and the Hospital/ Dispensary to which attached

N B certificate not applicable should be struck off. Certificate (e) is compulsory and must be filled in by Medical officer in all cases.

Form of application for claiming refund of Medical Expenses Incurred in connection with Medical attendance and /or treatment of Council Servants and their families

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

1	Name and designation of Council Servant. (in block letters)
2	Office in which employed
3	Pay of the Government servant 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 to the Government Servant (N.B.:- In the case of children, state age also)
7	Place at which the patient fell ill
8	Details of amount claimed (1) Medical Attendance : (i) Fees for consultation indicating : (a) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached (b) The number and dates of consultation and the fee paid for each consultation. (c) The No. and dates of injections and the fee paid for each injection. (d) Whether consultations and or injections were at the hospital, at the consulting room of the medical officer or at the residence of the patient (ii) Charges for pathological bacteriological, radiological or other similar tests undertaken during the diagnosis indicating (a) The name of the hospital or laboratory where the tests were undertaken (b) Whether the tests were undertaken on the advice of the authorized medical attendant; If so a certificates to the effect should be attached. (iii) Cost of medicines purchased from the market (List of medicines, cash memos and the essentiality certificates should be attached)
9	Total Amount claimed
10	List of enclosures

DECLARATION TO BE SIGNED BY THE GOVT. SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief that the person or whom medical expenses were incurred is wholly dependent upon me.

Date.....

Signature of the Govtl servant and
Section / Department to which attached