

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN  
CONNECTION WITH MEDICAL ATTENDANCE AND/OR  
TREATMENT OF KENDRIYA VIDYALAYA EMPLOYEES AND THEIR FAMILIES

*Note : Separate form should be used for each patient*

1. Name of the employee and Designation  
(Block Letters)
2. Vidyalaya in which employed
3. Pay of the employee as defined in the 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 employee - in case of children, state ages
7. Place at which the patient fell ill
8. Details of the amount claimed :

**MEDICAL ATTENDANCE**

- (i) Fees for consultation indicating :
  - (a) The name and designation of the medical officer  
consulted with hospital and dispensary  
to which attached.
  - (b) The number and dates of consultations and the  
fee paid for each consultation.
  - (c) The number and dates of injections and the  
fee paid for each injection.
  - (d) Whether consultations/injections were had at the  
Hospital/at the consulting room of the medical officer  
or at the residence of the patient.
- (ii) 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 EMPLOYEE**

I hereby declare that the statements made 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 and solely dependent upon me.

Dated.....

Signature of the claimant

Note: For detailed forms and certificates, please consult the Medical Attendance Rules.