KENDRIYA VIDYALAYA SANGATHAN
REGIONAL OFFICE, GURUGRAM.

S.No	Particulars	Remarks
**CHECK LIST FOR MEDICAL CLAIM WHILE REFERRING TO KVS (HQ) FOR SANCTION RELAXATION OF NORMAL RULES.**	
01	Name & Designation of the employee	Mr/Ms Designation
02	Name of the Vidyalaya/Office	
03	Date of receipt of the claim in the KV/office	
04	Date of receipt of the claim in the R.O.	
05	Name & address of the Office of the spouse if employed.	
06	Whether spouse is getting any medical allowance/reimbursement from his/her dept.	
07	Whether any reimbursement in lieu of this treatment received from any other source or LIC etc.	
08	Whether the employee is CGHS beneficiary, if yes copy of I.D. Card be attached.	
09	Name of Patient and age & Gender.	1. Name :- 2. Age :- 3. M/F :-
10	Relationship of employee with patient.	
11	Whether the patient is wholly dependent on the employee, if yes, declaration to this effect is available on the records or not.	Attached at page No._____ (copy enclosed)
12	Written representation of the employee stating the circumstances under which he/she was enforced to take treatment in private hospital (on separate sheet)	Attached at Page No._____(copy enclosed)
13	Written CS 32 (Form for claiming refund of medical expenses) is attached or not	Yes/No.
14	Emergency Certificate issued by the hospital.	Attached at page No._____ (Copy enclosed)
15	Discharge certificate issued by the hospital.	Attached at page No._____ (Copy enclosed)
16	Name of Hospital	
17	Whether the Hospital is run by AMA or not.	
18	Name of the diseases and duration of the treatment.	Name of diseases:- Duration of treatment:-
19	Distance from the place of illness to the Govt. Hospital	Kms. ......
20	Distance from the place of illness to the private hospital from where the treatment taken	Kms......
21	Amount of the claim	Rs. ..../
22	Amount admitted for payment after pre-audit by FO/DC as per CGHS approved rates in force at that period.	Rs._____
23	Whether the hospital is recognized by CGHS.	Yes/No
24	Recommendations of DC concerned regarding genuiness/ admissibility of the case as per rules.	

Signature of Deputy Commissioner concerned