

**Form 'A'**

**(Vide Rule 5)**

***Certificate***

I certify that Shri/Smt..... employed in the  
..... has been under treatment for .....  
diseased at the ..... hospital and that the  
services of the special nurses for which an expenditure of Rs. .... was  
incurred, vide bills and receipts attached were recovery essential for the .....  
..... Prevention of serious deterioration of the patient.

Sign of the Medical Officer.

Countersigned,  
Medical Superintendent,  
M.M.JOSHI EYE INSTITUTE HUBLI

**Form 'AA'**

**( Vide Rule 9(1) )**

Form of certificate to be produced by a Government servant under rule 9 (1) of the Karnataka Government Servant (Medical Attendance) Rules 1963.

***CERTIFICATE***

This is to certify that Shri/Smt. .... who is working as a . . .  
..... in the Office of .....  
is a Government servant to whom the Karnataka Government Servants (Medical Attendance) Rules 1963 apply and therefore he / she and members of his / her family are entitled to free medical attendance and treatment.

His / Her Total emoluments are Rs . .... P.M the details of which are as follows:-

Pay	- .
Dearness Allowance	- .
House Rent Allowance	- .
Other Allowance	- .
TOTAL	=.

Sign of the Drawing Officer.

**Declaration of Government Servant regarding a dependent receiving medical attendance and treatment.**

I hereby declare that Shri/Smt. . --.....).... is a member of my family as defined under the Karnataka Government Servants ( Medical Attendance) Rules and is wholly dependent upon me. He / She is my . .... ( here mention the relationship)

**Sign of the Govt Servant.**

Signed before me.

Head of the Office/

Gazetted Officer.

**Form 'B'**  
**( Vide Rule 5(1) )**  
***Essential Certificate***

I certify that Shri/Smt. . . . . wife / Son / Daughter  
**/Husband** of Shri. . . . . employed in the  
. . . . . has been under my treatment for Eye  
treatment(Operation). . . . . disease from . . . . . at the  
. . . . .hospital / my consulting room and that the under mentioned  
medicines prescribed by me connection were essential for the recovery / prevention of  
serious deterioration in the condition of the patient The medicines are not stocked in  
the . . . . . Hospital for supply to private patients and not include  
proprietary preparations for which cheaper substance of equal therapeutic value are  
available nor preparation which are primarily foods, toilets or disinfectants.

<b>SI No</b>	<b>Name of medicines</b>	<b>Price</b>
1	CONSULTATION	.
2	VARIOUS TESTS	.
3	EYEGEAR OPTICS	.
4	OPERATION CHARGES	.
	<b>GRAND TOTAL</b>	.

**TOTAL WORDS :**

.....  
.....

Signature & Designation  
Of Authorised Practioner

Date: . . . . .

Signature of the Medical Officer

**Form 'C'**  
**( Vide Rule 5(3) )**

*Application form for Claiming Refund of Medical Expenses*

1	Name & Designation of the Government servant (In block letters)	.
2	Office in which employed	Block Education Office Dharwad City
3	Salary	Basic Pay ..
4	Place of duty	.
5	Full Residential address	
6	Name of the patient & his / her relationship to the Government Servant Note: In the case of Children, state age also	Herself
7	Place at which the patient fell ill	
8	Nature of illness & duration	
9	Details for the amount claimed	Bills are attached
10	Total amount claimed	
11	List of enclosures	Form 'A', AA' "B' C D and application

**Form 'D'**

( See Rule 15(5) )

\*I hereby declare that this is the *first* time that I have claimed refund in respect of me / my . *my self* . who is a member of my family.

\* Here write the relation ship -

\*\* The name of the member of the family. - *myself*

Signature of the Government Servant.

-----  
*the Government Servant*

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a member of my family as detailed under the Karnataka Government Servants (Medical Attendance ) Rules, 1963 and is wholly dependant upon me.

Signature of the Government Servant.

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ϕ£ÁAPÀ: 26/11/2016

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