KENDRIYA VIDYALAYA .....

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPNESES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND OR TREATMENT OF CENTRAL GOVERNMENT SERVATNS AND THEIR FAMILIES.

1. Name and Designation of Government Servant (in Block Letters).....

   .....

2. Office in which employed; Kendriya Vidyalaya .....

3. Pay of Govt. Servant.....

4. Place of duty .....

5. Actual residence address.....

6. Name of the patient and relationship to Govt. Servant showing age in case of child.....

7. Place at which the patient fell ill.....

8. Details of the amount claimed.....

   a) Medical attendance .....

   b) The name and designation of the Med. Officer consulted and the hospital or dispensary to which attached.....

   No. & Dates of consultation & fee paid for each consultation.....

   c) No. & Dates of injections & fee paid for each consultation.....

   e) Whether the consultation was taken at the hospital/at the consulting room of the M.A. or at the residence of the patient, Cost of medicines purchased from the market

   .....

9. Hospital charges Rs.....

10. Total amount claimed Rs.....

11. List of enclosures
    a) Essentiality certificate 'A' Form .....
    b) List of Medicines.....
    c) .....
    d) .....

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

13 I further declare that there is no fair price shop/Government Co-operative store within two kilometers of my residence.

Dated..... Signature of Applicant

Checked and passed for Payment for Rs.....

Rupees(In Words) .....

Principal

Essentiality Certificate 'A'

Certificate granted to Mr/Ms……

Father/Mother/Wife/Son/Daughter of Mr/Ms……employed in the Office of Kendriya Vidyalaya

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

Dr…….. certify :-

a) That I charged and received Rs…… for …… Consultation on …… at my consulting room/OPD during/after hospitalhours.

b) That I charged and received Rs…… for administration……Intra-venous/intra-muscular/sub unlanouse injection on ……at my consulting room.

C) That the injections administered were not immunizing or phophylatic purposes.

d) That the patient has been under treatment ay my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery of serious deterioration in the conditions of the patient. The medicines are not stocked in the ……(Name of the Hospital) for the supply to private patient and do not include proprietary preparation for which cheaper substances of equal the repeutic value are available not preparation which are primarily foods toilets of disinfectants.

NAME OF MEDICINES

No and date of Each Cash memo	S.N.	Name of Medicines	Quantity	Cost

e) That the patient is/was suffering from……

and is/was under mytreatment from……To……..

f) That the patient was not given prenatal or post natal treatment.

g) That the X-Ray laboratory test etc. for which expenditure of Rs…….

Incurred was necessary and were undertaken on my advice at…….

h) That I referred the patient to Dr……for special consultation and that the necessary approval of ……..as required under the rules was obtained.

i) That the patient did not require hospitalization.

j) Certified that ointment…… Prescribed was not available and not dispensed from the hospital and the patient was advised to purchase it from the market.

k) Certified that the patient was unfit for duty during the period of treatment.

l) That the patient was attended by me in private consulting room mention at my residence after duty hour of the hospital and the attendance was necessary for the welfare of the patient.

Dated……

Signature of authorized Med. Attendant