KENDRIYA VIDYALAYA SANGATHAN (REGION: .....)

CHECK LIST TO BE ATTACHED WITH MEDICAL CLAIM WHILE REFERRING TO KVS(HQ) FOR SANCTION IN RELAXATION OF NORMAL RULE

S. No.	Particulars	Remarks
01	Name & Designation of the employee	
02	Name of the Vidyalaya	K. V.
03	Date of receipt of the claim in the KV	
04	Date of receipt of the claim in the R.O.	
05	Name & address of the Office of the spouse if employed	
06	Weather 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 LTC etc.	
08	Whether the patient is wholly dependent on the employee, if yes, declaration to this effect is available on the records or not	
09	Written representation of the employee stating the circumstances under which he/she was enforced to take treatment in private hospital (on separate sheet).	
10	weather Cs 32 (form for claiming refund of medical expenses) is attached or not	
11	Emergency Certificate issued by the hospital	
12	Discharge Certificate issued by the hospital	
13	Name of the diseases and duration of the treatment	
14	Distance from the place of illness to the Government hospital	
15	Distance from the place of illness to the Private hospital from where the treatment taken.	
16	Amount of the claim	
17	Amount admitted for payment after pre-audit by FO/DC	
18	Whether the hospital is recognized by CGHS if yes, Please mention order/ letter number and date	
19	Recommendations of Principal regarding genuineness/admissibility of the case as per rules	
20	Residential address of the employee and residential address of the patient.	

*Note :- Principal should give necessary remarks in Col No. 19 (Recommended of genuineness)

(PRINCIPAL)

Pre-audited ans admissible for payment of Rs ..... (Rupees in words :..... .....)

SO FO DC