

SWAMI SHRADDHANAND COLLEGE, ALIPUR, DELHI-110036
(UNIVERSITY OF DELHI)

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment of University / College Employees and their families.

N. B. - Separate form should be used for each patient.

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1. Name and Designation of the Employee :
(In BLOCK Letters)
(i) Whether married or unmarried :
(ii) If married the place where wife / husband of the employee is employed (where applicable)

In case employee, a joint declaration duly countersigned by the wife employer / husband of the child may be furnished at the time of first bill in each financial year.

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2. Pay of University / College employee, and any other emoluments, which should be shown separately :

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3. Actual residence address :

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4. Name of the patient and his/her relationship to the University / College employee.
N.B. - In case of the children state age also.

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5. Place at which the patient fell ill :

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6. Whether member of W.U.S. Health Centre or not :

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7. Is there any Medical Store run by the Corp. Society or Govt. within 2 kms. from the residence of claimant?

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8. Details of the amount claimed :

MEDICAL ATTENDANCE :

- (i) Fee for consultation, including :
- (a) The name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The number and dates of consultation and fee paid for each consultation.
 - (c) The number and dates of injections and fee paid for each injection.
 - (d) Whether consultations and / or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.
- (ii) Costs of medicines purchased from the market. (List of medicines, cash memos and the essential certificates should be attached)
- (iii) Bank A/c of Department

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9. Total amount claimed :

-
10. List enclosures :

-
- 11.
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DECLARATION TO BE SIGNED BY THE UNIVERSITY / COLLEGE EMPLOYEE

I hereby declare that 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 wholly dependent upon me.

(PRE-RECEIPTED)

Dated

Signature of the Government Servant and Office
which attached.

Signature of the Controlling Authority with office seal.

CERTIFICATE 'A'

Certificate granted to Mr. / Mrs. / Miss / Dr.
wife / son / daughter of Mr. employed in

SWAMI SHRADDHANAND COLLEGE, ALIPUR, DELHI-110036

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

- I, Dr. hereby certify
- (a) That I charged and received Rs. for consultation
on (dates to be given) at my consulting room
at the residence of the patient.
- (b) That I charged and received Rs. for administering /
Intramuscular injections or subcutaneous.
on at my consulting room
(date to be given) the residence of the patient.
- (c) That the injections administered was / were not for immunising or prophylactic purposes.
- (d) That the patient has been under treatment at hospital
my consulting room

and the undermentioned medicines prescribed by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the include Proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines

Price

1.
2.
3.
4.
5.

- (e) That the patient is / was suffering from and is / was under treatment
from to
- (f) That the patient is / was not given pre-natal treatment
- (g) That the X-ray, Laboratory test etc. for which an expenditure of Rs. was incurred were
necessary and were undertaken my advice at

(Name of Hospital or Lab)

- (h) That I referred the patient to Dr. for specialist
consultation and the necessary approval of the as
required under the rules was obtained.
- (i) That the patient require / did not require hospitalisation.

Dated

Signature, Designation
and Hospital to which attached

CERTIFICATE 'B'

To be completed in the case of patients who are admitted to hospital for treatment.
Certificate granted to Mrs. / Mr. / Miss wife / son / daughter of
Mr. in the

PART A

(To be signed by the Medical Officer in charge of the case
of the hospital)

I, Dr. hereby certify :-

(a) that the patient was admitted to hospital on the advise

(Name of Medical Officer)

(b) that the patient has been under treatment at and
that the undermentioned medicine prescribed by me in this connection were essential for the
recovery prevention of serious deterioration in the condition of the patient. The medicines are not
stocked in the for supply to private
patients and do not include proprietary preparation for which cheaper substances of equal the
therapeutic.

Name

Price

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(c) that the injections administered were for/were not immunising of phylactic purposes.

(d) that the patient is / was suffering from and
is / was under treatment
from to

(e) that the X-ray laboratory tests, etc., for which an expenditure of Rs. was
incurred were necessary and were undertaken on my advice at
..... (Name of the hospital or laboratory)

(f) that I called on Dr. for a special consultation and that the
necessary approval of the

(Name of the Chief Administrative Medical Officer)

of the as
requesting under the rules was obtained.

Signature and Designation
of the Medical Officer In-charge
of the case at the hospital

PART B

I certify that the patient has been under treatment as the hospital and the service of the special nurses, for which an expenditure of Rs. was incurred vide bills and receipts attached were essential for the recovery / prevention of serious deterioration in the condition of the patient.

Signature Medical Officer In-charge
of the case at the hospital

COUNTERSIGNED
Medical Superintendent

_____ Hospital

I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

..... Hospital

Place :

Date :

- N. B. : (a) Certificates not applicable should be struck of.
(b) It is compulsory and must be filled in by the Medical Officer in all cases.