APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILITES FOR MEDICAL ATTENDANCE BY AN AUTHORISED MEDICAL ATTENDANT

1. Name and designation of Government Servant (in BLOCK LETTERS) :

2. Office in which employed :

3. Pay of the Government servant defined in the Fundamental Rules, and any other emoluments Which should be shown separately :

4. Place of duty :

5. Actual residential address :

6. Name of the patient and his/her relationship to Government servant :

   N.B.: In case of children, state age also

7. Place at which the patient fell ill :

8. Details of the amount claimed :

MEDICAL ATTENDANCE :

(i) Fees for consultation indicating :

   (a) the name and designation of the medical officer consulted and the hospital or dispensary to which attached :

   (b) the number and dates of injections and the fee paid for each injection :

   (c) Whether consultations and/or injections were had at the hospital or at the consulting room of the medical officer or at the residence of the patient :

(ii) Charges for pathological, bacteriological, radiological or other similar test undertaken during diagnosis indicating –

   (a) the name of the hospital or laboratory where undertaken, and :

   (b) Whether the tests were undertaken on the Advice of the authorized medical attendant If so, a certificate to that effect should be Attached. :

9. Total amount claimed :

10. Advance taken :

11. Net amount claimed :

12. List of enclosures :

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement 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.

Date :

Signature of the Government Servant and
Office to which attached