Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants or their families for treatment in a Hospital

1.	(In block letters)							
	(i) who	ether married or unm	arried	*****	*******	1091	it). Ambulance cha	
				(restla	Pro — uredeerh	tawn of to	(State the Journ	
	(ii) if n	narried, the place whe	re wife/hus					
						DIL C.E., Churge	<ol> <li>Any other charge fan, heater, al</li> </ol>	
2.	Office i	n which employed	•••	ef the	I THE GOTS OF	barralar zaltii	whether the faci	
				ban s	monted fit o	lly provided t	facilities norma	
3.	Pay of	the Government serv Rules, and any other	ant as defin	ed in the F	unda-	had sur or tra	I ESW SCHOOL OUT	
		separately	···			salved by the Cav	If the overteend was no pr Hule 7 of the C.S. Qu	NOTE I
				As tool	south Leading 1	in the authorism	gh quinfféren a duglis l	No. Important
4.	Place o	f duty	***	***	O a sold sedan I	coloured to be become	If the treatment was re-	
					in banadana diserce and			
5.	Actual	residential address	•••		D Demon Smi in		the regulatio transment.	indi instantifi Intopoli lisan
6.	Name o	f the patient and his/h	er relations	in to the G	overn-			
٠.	ment se							
	N. B	In the case of childre	n. state age	also.				
			.,				ambation with Sp	
7.	Place a	t which the patient fe	ell ill	midt	Officer other adjecting—	n or a Medical al attendant,	n paid to a Specialis authorised medic	Fee
8.	Details	of the amount claim	ed	70 R	the Special	fesignation of	o) the name and Medical Office	
			2020	or In	id the hospi		Medical Office which attached	
							\$024400172C 34043141	
_							b) number and dus charged for each	7
	I. Hosp	oital Treatment—			D	IOMERIBATION II	Alica (O.I. DOSTIIII.)	
	Nam	e of the Hospital	***	and a large	at the hospit	ation was had	<ul> <li>c) whether consult the consulting r</li> </ul>	
	Char	ges for hospital treatm	nont indicat	ina namarat	de the still k	he residence o	Officer, or at t	
	char	ges for mospital treath	nent, maicai					
							<ol> <li>whether the Sp consulted on the</li> </ol>	
	(i)	Accommodation		*** [5]	salr to lavo	he orlor appr	attendent and t	
		(State whether it was	according to	the status	or pay	Medical Offic	Administrative	
		of the Government s	ervant and i	n cases whe	ere the	a certificate to		
		accommodation is h Government servant,					be attached	
		ed to the effect that					amount claimed	leseT 0
		he was entitled was						
	(10)	Diet		Si			dvance taken on	10. Less a
	(11)	Diet	****	g	***		nount claimed	ne salet . I I
	(iii)	Surgical operation o	r medical tr	eatment	•••			
	(iv)	Pathological, bacteri similar tests, indicati		liological or	other		enclosures	12.; List of
		( ) 771	1.1.1	1	1.1.1			
		(a) The name of the l undertaken				ION TO BE	DECLARAT	
Ĭ.		(b) Whether underta	ken on the a	dvice of the	medi-		soft male and sale out	
pp-1		cal officer-in-cha If so, certificat attached	rge of the ca	se at the ho	spital.	edical expense	son for whom m	ed sqr requ
	(v)	Medicines						
٠,	(1)			1003	***	4		
	(vi)	Special medicines	Salkanture Surel C	***	***			
		(Cash memos and the	essentiality	certificates s	should			
		be attached.)						
	(vii)	Ordinary nursing	on: Gitanji	TO., Divin	HERS (P) L	MY PUBLIS	Supplied by SWA	:00:

164, R. K. Mutt Rond, Madras - 690 028-

	(viii)	Special nursing, for the patient. S on the advice of the case at the higovernment services a certificate charge of the case and the charge of the case at the higovernment services and the case at th	tate whether the medical of ospital or at the vant or paties from the mase and cour	they are emp fficer-in-cha the request nt. In the for nedical officentersigned by	oloyed rge of of the ormer cer-in- oy the	o alterrus	aection naveal s	noo ni core) luc lo noise	Cent		
	(ix)	Ambulance char	ges	***						lw (ti	
		(State the journ	ey-to and $j$								
	(x)	Any other charge fan, heater, air whether the facili facilities normal no choice was le	-conditioning ities referred t ly provided to	es for electric s, etc. State to are a part o all patient	light, e also of the ts and						
treatr		the treatment was rece Rule 7 of the C.S. (M., attach a certificate from se rules,		ernment servar	nt at his of such						
ment	hospital, i	the treatment was rece necessary details and the ne requisite treatment we hould be furnished.	ne certificate of t	he authorised	medical			centitie la	of duty residentii		
				-2350	the Go	ut midanoit	ber rela	id baz yes		Name	4
									ervital In the ca	H IN	
	II. Con	sultation with Spe	cialist—								
		aid to a Specialist or a Medical Officer other than athorised medical attendant, indicating—				Place at which the patient fell ill					
	(a)	the name and d Medical Officer which attached									
	<ul><li>(b) number and dates of consultat charged for each consultation</li></ul>				ne fees	Hospital Treatment—					
	(c) whether consultation was had at the hospit the consulting room of the Specialist or Me Officer, or at the residence of the patient				ledical						
9.		whether the Spe consulted on the attendant and the Administrative Nobtained. If so, a be attached	ecialist or Me advice of the a ne prior appro- dedical Office	edical Office authorised m oval of the er of the Sta that effect s	er was nedical Chief te was should	ing to the and in cast than the should ficult should compare the should be a s	as accord t servant higher t u, a certi ti the acc	iodation jether it w overnmen odation it	Account (State w) of the G account account clovering ed to the		
10.	Less ad	vance taken on				Rs.					
11.	Net amo	ount claimed				Rs.					
12.	List of	enclosures	****	nadjo			riologica		Sargical Fatholog similar t		
that		DECLARATI declare that the s	statements in	SIGNED I this applica es were incu	BY TH tion are rred is	true to th	RNMEN ne best of pendent	my know upon me.	NT ledge and		nd
Date	<b>3</b>			pluod	lë intoni	Sig	and Of	f the Gov fice to wh	ernment s ich attach	ervant	