

**Application form for (Indoor Treatment) claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servant and their families – for medical attendance/treatment taken both form an authorized medical attendant and a hospital**

1. Name and designation of Government Servant (In Block Letters). .....
- i. Whether married or unmarried .....
- ii. If married, the place where wife/husband is employed .....
2. Office in which employed .....
3. Pay of the Government servant as defined in the Fundamental Rules and any other emoluments, which should be shown separately .....
4. Place duty .....
5. Actual residential address .....
6. Name of the patient and his/her relationship to the Government servant .....
- N.B.—In the case of children state age also.
7. Place at which the patient fell ill. ....
8. Details of the amounts claimed .....
- I. 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 consultation and the free paid for each consultation .....
- c. the number and dates of injection and the free paid for each injection .....
- d. whether consultation and/or injection where had at the hospital, at the consulting room of the medical officer or at the residence of the patient .....
- ii. Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken during diagnosis indicating .....
- a. the name of the hospital or laboratory where undertaken; and .....
- b. whether the tests were under taken on the advice of the authorized medical attendant. ....  
                If so, a certificate to that effect should be attached
- iii. Cost of medicines purchased from the market. ....  
            (Cash memos and the essentiality certificates should be attached)
- II. Hospital Treatment - .....
- Name of the hospital (Charges for hospital treatment, indicating separately the charges for) .....
- i. Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available) .....
- ii. Diet .....
- iii. Surgical operation of medical treatment or confinement .....
- iv. Pathological, bacteriological Radiological or other similar tests, - .....
- Indicating .....
- a. The name of the hospital or laboratory at which undertaken; and .....
- b. Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached .....
- v. Medicines .....
- vi. Special medicines .....
- (Cash memos and the Essentiality Certificate should be attached)
- vii. Ordinary nursing .....
- viii. Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Government servant or patient. In the former case a certificate form the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached .....

- ix Ambulance charges - .....  
(State the journey - to and fro - undertaken
- x Any other charges, e.g., charges for electric light, fan, heater, air conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patents and no choice was left to the patient. ....

**Note 1.-** If the treatment was received by the Government servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorized Medical Attendant as required by these rules.

**Note 2.-** If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the Authorized Medical Attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

- III Consultation with Specialist ---- .....  
Fee paid to Specialist or a Medical Officer other than the Authorized Medical Attendant, indicating
  - a the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached .....
  - b number and dates of consultations and the fees charged for each consultation .....
  - c whether consultation had was at the hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the Patient; and .....
  - d whether the Specialist or Medical Officer was consulted on the advice of the Authorized Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that should be attached .....
- 9. Total amount claimed .....
- 10 Less advance taken on .....
- 11 Net amount claimed .....
- 12 List of enclosures .....

**DECLARTAIION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the statements in the 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.

Signature of the Government servant and .....  
Office to which attached .....

Date .....