APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND TREATMENT OF GOVERNMENT SERVANT AND THEIR FAMILIES

1. Name and Designation & Section : 
   (in Block Letter)

2. Office of the employee : 

3. Pay of the Govt. Servant as defined in FRs and other employments which should be shown separately :

4. Place of duty :

5. Full Residential address with door No And name of the Mohalla :

6. Name of the patient, his / her relationship to the Govt. Servant. In case of children state age also :

7. Place at which the patient fell ill :

8. Nature of illness and its duration :

9. Details of amount claimed, cost of Medicines purchased from the Market / List of medicines / cash memos, and the Essentiality certificate should be attached Each in duplicated signed by treatment doctors :

10. Total amount claimed : Rs.

11. List of Enclosures
   i. Check List [ ] ii. Essential Certificate [ ]
   iii. Emergency Certificate [ ] iv. Discharge summary [ ]
   v. Consolidation Bills [ ] vi. Medical Cash bill [ ]
   vii. Operation Notes [ ] viii. Dependence certificate [ ]
   ix. Non-Drawal Certificate [ ] x. Referral proceedings [ ]
   xi. Reports [ ] xi. Reports [ ]
   xii. Pension [ ] xii. Pension [ ]
   xiii. Others________________ [ ] xiii. Others________________ [ ]

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT / PENSIONER

I hereby declare that the statement in the application is true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my family as defined under the Government servant Medical attendance rules 1972 and wholly dependent upon me.

Signature of Forwarding authority ___________________________  Signature of Govt. Servant / Pensioner ___________________________
and office to which attested