

**Government of India**  
**Ministry of Urban Development & Poverty Alleviation**  
**New Delhi Pin 110011**

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and /or treatment of Central Government Servants and their families- For medical attendance/ treatment taken from an Authorised Medical Attendant / Hospital.**

**(N.B.- SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)**

1. **NAME and DESIGNATION** of the :  
Government servant (in **BLOCK** letters)
- i) Whether Married or Unmarried :
- ii) If married, the place where wife/  
husband is employed :
2. Office /Division 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 of 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 amount claimed :

**I. MEDICAL ATTENDANCE**

- (i) Fees for consultation indicating :
- (a) the name & designation of the medical :  
officer consulted and the hospital or  
dispensary to which attached

.....2/-

:2:

- (b) the number and dates of consultation and the fee paid for each consultation :
- (c) the number & dates of injection and the fee paid for each injection :
- (d) whether consultation and/or injections were 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 undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached :
- (iii) Cost of medicines purchased from the market :  
**(List of medicines, 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 Govt. Servant and in case 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 or medical treatment or confinement :

.....3/-

:3:

- (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 (List of medicines, cash :  
memos and the essentiality certificates  
should be attached)
- (vii) Ordinary Nursing :
- (viii) Special nursing, i.e. nurses, specially engaged for :  
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 Govt.  
Servant or patient. In the former case a certificate  
from 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 provide to all patients and no choice was  
left to the patient

**NOTES**

1. If the treatment was received by the Government Servant at his residence under Rule 7 of CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Govt. Hospital should be furnished.

.....4/-

**III. CONSULTATION WITH SPECIALIST**

Fees paid to a specialist or a Medical Officer other than the authorised 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 consultation and the fee :  
charged for each consultation
- (c) Whether consultation was had at the hospital, at :  
the consulting room of the specialist or Medical  
Officer, or at the residence of the patient
- (d) Whether the specialist or Medical Officer was :  
consulted on the advice of the authorised medical  
attendant and the prior approval of the Chief  
Administrative Medical Officer of the State was  
obtained. If so, a certificate to that effect should  
be attached

9. **Total Amount Claimed** Rs . \_\_\_\_\_

10. **Less Advance Taken on** \_\_\_\_\_ **Rs.** \_\_\_\_\_

11. **Net Amount Claimed** **Rs.** \_\_\_\_\_

12. **List of enclosures:**

**DECLARATION 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.

Dated : .....

**(Signature of the Govt. Servant)**

**Name :** \_\_\_\_\_

**Emp. Code No. :** \_\_\_\_\_

**Tel. /Intercom No.** \_\_\_\_\_

**E-Mail address :** \_\_\_\_\_