

GARGI COLLEGE
(UNIVERSITY OF DELHI)
SIRI FORT ROAD, NEW DELHI – 110049

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of University/College employees and their families.

NB. : - Separate form should be for each patient.

1. Name & designation of the employee:
(in Block letters)

(i) Whether married or unmarried:

(ii) If married the place where wife/husband
of the employee is employed (where applicable)

(iii) Department

2. Pay of the College employee and any other emoluments,
which should be shown separately:

3. Actual residential address:

.....

Tel.No..

4. Name of the Patient and his/her relationship to the
College employee

NB. : In the case of children state age also

5. Place at which the patient fell ill

6. (a) Whether member of W.U.S. Health Centre (i) Yes / No (ii) Token Card No.

7. Details of the amount claimed:

(I) MEDICAL ATTENDANCE:

(i) Fees for consultation, including :

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

(b) The number and dates of consultations and the fee paid for each consultation

(c) The number and dates of injections and the fee paid for each injection

(d) Whether consultations and/or injections were had at hospital, or 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 authorized medical attendant. If so, a certificate to that effect should be attached

(iii) Costs of medicines purchased from the market

(List of medicines, cash memos and the essential certificate 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 employee and in cases where the employee, 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 on confinement

(iv) Pathological, bacteriological, radiological or other similar tests, indicating :

(a) The name of the hospital or laboratory at which undertaken

(b) Whether undertaken on the advice of the medical officer in-charge of the case at the hospital. If so a certificate to the effect should be attached

(v) Medicines

(vi) Special medicines

(List of medicines, cash memos and the essential certificates Should be attached)

(vii) Special medicines

(viii) Special nursing i.e. nurses specialist engaged for the patient. State whether they were employed on the advice of the medical officer in-charge of the case at the hospital or at the request of the employee or the 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

(iv) Ambulance charges

(State the journey, to and from , undertaken)

(x) Any other charges e.g. charges for electronic light, fan, heater, air-conditioning, etc. State also whether the facilities are normally provided to all patient.

Notes: 1. If the treatment was received by the employee at his residence give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

2. If treatment was received at 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.

II. CONSULTATION WITH SPECIALIEST :

Fees paid to a specialist or a medical officer other than the authorized medical attendant indicating

(a) The name & 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 Authorized 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

8. Total amount claimed Rs.

-
9. List of enclosures: -
1. Doctor's prescription:
2. Certificate 'A'
3. Cash Memos:

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

Certified that there is no Medical store run by the Government or a Co-operative Society with in a radius of two kilometers from my residence.

I hereby declare that 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.

(PRE-RECEIPTED)

Date:200

Signature of the Government Servant
& Office to which attached.

Signature of the Controlling Authority
With office seal

To be filled in by the Accounts Branch

Pay to

DEBIT ACCOUNT: COLLEGE ACCOUNT

Passed for Rs.....Rupees.....

.....

Debit Head: Reimb of Hosp. Charges/Medical/Attendance

D.Asst

S.O. A/c

Bursar

Principal