

In lieu of MED. 97

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVT. SERVANTS AND THEIR FAMILIES.**

N.B.: Separate form should be used for each patient.

1. Name and desgn. of govt. servant (in block letters):
2. Office in which employed:
3. pay of the govt. servant as defined in fundamental rules and any other emoluments which should be shown separately : Rs
4. Place of duty :
5. Actual residential address:
6. Name of the patient & his/her relation:  
with govt. servant. (N.B. in case of children state age also.)
7. Place at which patient fell ill:
8. Details of the amount claimed:

**I. MEDICAL ATTENDANCE:**

- (a) The name and desgn. of medical officer consulted and the hospital or dispensary to which attached
- (b) The number and dates of consultations and fee paid for each consultation.
- (c) The number & dates of injections and the fee paid for each injection.
- (d) Wheather consultation and/or injections were held at the hospital/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 tests were 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: Rs.**

(list of medicines/cash memos & the essentiality certificate should be attached)

9. Total amount claimed. Rs.
10. Less advance taken on Nil
11. Net amount claimed Rs.
12. List of enclosures. (1) Essentiality certificate (2) \_\_\_\_\_  
(3) Cash Memo (No's) (4) \_\_\_\_\_

**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.

RECEIVED PAYMENT

Date: 12 January 2009

Sign. Of Govt. Servant & office  
To which attached

LIST OF MEDICINES					
S.NO.	NAME OF MEDICINE	COST (Rs)	S.NO.	NAME OF MEDICINE	COST (Rs)
1					
2					
	<b>Total</b>				