

Government of India
M/o Micro, Small & Medium Enterprises
O/o DC(MSME)

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

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- (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:

- (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.

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 : _____

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

**(To be completed in the case of patients who are NOT ADMITTED
to hospital for treatment)**

Certificate granted to Mrs./Mr./Miss..... ..

Wife/Son/Daughter of MR/MRS/MISS employed
in **O/o DC(MSME),M/o Micro, Small and Medium Entreprises, Nirman Bhavan,
New Delhi-110 003.**

I, Dr. _____ hereby certify:-

- (a) that I charged and received **Rs.** _____ for.... consultations
on (dates to be given) at my consulting room/ at the residence of
the patient;
- (b) that I charged and received Rs. for administering ..
intra-venous/intra-muscular/subcutaneous injections on... ..(dates to be
given) at..... my consulting Room/the residence of the patient;
- (c) that the injections administered were not/were for immunising or
prophylactic purposes;
- (d) that the patient has been under treatment at .
..... hospital/ my consulting room and that the undermentioned
medicines prescribed by me in this connection were essential for the
recovery/ prevention of serious deterioration in the condition of the patient.
The medicines are not stocked in the (name of
the hospital) for supply to private patients and do not include proprietary
preparations for which cheaper substances of equal therapeutic value are
available nor preparations which are primarily food, toilets or disinfectants.

Name of medicines

Price

1

2.

3.

4.

:2:

- (e) that the patient is/was suffering from **and**
is/was under my treatment **from** **to**;
- (f) that the patient is/was not given pre-natal or post-natal
treatment;
- (g) that the X-ray laboratory test, etc., for which an expenditure of **Rs. ?...**
was incurred was necessary and were undertaken on my advice at ?.....
(name of the hospital or laboratory);
- (h) that I referred the patient to Dr. for
SPECIALIST consultation and that the necessary approval of the
..... (Name of the Chief Administrative Officer of the State)
as required under the rules was obtained;
- (i) that the patient did not require/required
hospitalisation.

**Signature of AMA/Designation of the
Medical officer and hospital/
dispensary to which attached.**

Dated:- -----

**N.B.:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF.
CERTIFICATE (E) IS COMPULSORY AND MUST BE FILLED IN BY
THE MEDICAL OFFICER IN ALL CASES.**

ESSENTIALITY CERTIFICATE

CERTIFICATE-B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss
wife /son/daughter of Mr./Mrs./Miss
employed in Office of the DC(MSME) , Ministry of Micro , Small and Medium Enterprise , Nirman Bhavan at , New Delhi.

PART-A

I, Dr. hereby certify :-

(a) that the patient was admitted to hospital on the advice of
(name of the medical officer)/on my advice;

(b) that the patient has been under treatment at and that the
undermentioned medicines prescribed by me in this connection were
essential for the recovery/prevention of serious deterioration in
the condition of the patient. The medicines are not stocked in the
(name of the hospital) for supply to private
patients and do not include proprietary preparations for which
heaper substances of equal therapeutic value are available not
preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES PRICE

- 1.
2
3
4
5

(c) that the injections administered were/were not for immunising of
prophylactic purposes;

(d) that the patient is/was suffering from and
is/was under treatment from to

(e) that the X-ray, laboratory test etc. for which an expenditure of
Rs..... was incurred were necessary and were undertaken on my
advice at (name of hospital or laboratory);

(f) that I called on Dr. for specialist
consultation and that the necessary approval of the
(name of the Chief Administrative Medical Officer of the State) as
required under the rules, was obtained.

Signature and Designation of the
Medical Officer-in-charge of the case at the hospital.

:2:

PART B

I certify that the patient has been under treatment at the hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge
of the case at the hospital.

COUNTERSIGNED

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

PlaceHospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.

* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent. (G.I.M.H.,O.M. No.F-2-35/52-LSG (H.I.) dated 19.9.1958)