

APPENDIX – I
Application for re-imburement of expenses of medical attendance and treatment
(Rule 8)

- 1. Name of the pensioner/family pensioner :
(*in Block letters*)
- 2. (a) Designation and Office in which :
he/she was employed before his/her
retirement
- (b) Basic pension of the Government :
Pensioner/Family Pensioner
- 3. (a) Name of the patient :
- (b) Nature of ailment :
- (c) Duration of ailment :
- 4. Whether the patient is a member of the :
family, relationship with the pensioner
/family pensioner (in case of children state
also age)
- 5. (a) Details of special Nursing charges :
(b) Details of charge for special :
attendant or aya, if any, in the
Government Hospital
- (c) Details of the cost of medicines :
purchased during indoor treatment in the
Government Hospitals
- (d) Operation and other charges :
- 6. Details of the cost of spectacles :
Total :
- Residential address of the Pensioner
/Family Pensioner

(Signature of the Government Pensioner/Family Pensioner)

Dated :

Station :

NOTE: (1) Cash memos or vouchers in respect of all the items should be attached. For item (a) relating to the cost of spectacles or replacement of any part thereof, prescription is not necessary but cash memo shall be produced.

Contd.2

(2) Cash memos or vouchers mentioned in note (1) above should be returned by the Controlling Officer after scrutiny to the applicant by canceling them with a "checked and cancelled" stamp.

Dated :
Address:

Signature of the Authorised Medical Attendant

Note : Signature of the authorised medical attendant on the application form will be necessary and the claims are to be duly supported by cash memos or vouchers. In case of special nursing or special attendant or aya, however, the prescribed certificate as in Appendix II, be signed by the authorised medical attendant.

APPENDIX – II

[Certificates to be signed by the authorised medical attendant in Government Hospital in case of claim for re-imbusement of the cost of special nursing and/or special attendant or aya or the cost of medicine)

- (a) Certified that aya of the patient was considered essential and advised for the period from(forenoon/afternoon) to(forenoon/afternoon) for the recovery or for prevention of serious deterioration in the condition of the patient
- (b) Certified that the undermentioned medicines were prescribed for the patient and the same were not available during the period of treatment in the hospital from to

Dated :
Address:

Signature of the Authorised Medical Attendant

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(for the use of the office of the Government Servant)

- 1. Passed for Rs.(Rupees) only.
- 2. Certified that the claim preferred in the bill has been scrutinized carefully, is found to be in order and is covered by the rules and orders in force.
- 3. Certified that the pensioner concerned was never granted before / has not been granted in the preceeding period of three years any reimbursement on account of cost of spectacles.

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*Signature of the Accounts Officer
/ Superintendent of the Hospital*

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*Signature of the Pension
Sanctioning Authority.*