

APPENDIX – I
Application for re-imbusement of expenses of medical attendance and treatment
(Rule 10)

1. Name of the Government Servant :
(in Block letters)
2. (a) Designation and Department in :
which employed
- (b) Present pay (Basic) of the :
Government Servant
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 Government
Servant (in case of children state also age)
5. Details of special nursing charges :
(a) Details of charges for special :
attendant or aya, if any, in Government
Hospital
(b) Details of the cost of medicines :
purchased during indoor treatment in
Government Hospital
6. Details of the cost of spectacles or :
replacement of any parts thereof
7. (a) For spectacles or replacement of any :
parts thereof
(b) For special nursing charge :
(c) For cost of special attendant or aya in :
Government Hospital
(d) For cost of medicine purchased :
during indoor treatment in Government
Hospital
(e) Bed charges and operation :
- Total :

Dated :
Residential address of the
Government Servant :

Signature of the Government Servant

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.

(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 will not be necessary provided the claims are 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, shall 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-imbursement 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.

Signature of the Head Office

Signature of the Controlling Officer