

Certificate granted to Mr/Mrs/Miss _____ wife/son/daughter of
Mr. _____ employed in the _____.

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

I, Dr. _____ hereby certified-

- (a) that I charged and received Rs. _____ for consultations on _____ (dates to given) at my consulting room/at the residence of the patient
- (b) administering _____ intra muscular subcutaneous injections on _____ (dates to be given) at my consulting room/at the residence of the patient.
- (c) that the injections administered were not for immunizing or prophylactic purposes
- (d) that the patient has been under treatment at _____ hospital/ my consulting room and that the under mention medicines prescribed by me in this connection were essential for the recovery/preventions of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ (name of the hospital) . For the supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available no preparations which are primarily foods, toilets or disinfectants.

Sl.No	Name of Medicines	Price		S.No.	Name of Medicines	Price	
		Rs.	Paise			Rs.	Paise
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			

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

Date ..

Signature & Designation of the
Medical Officer & the Hospital/Dispensary to which attached.

Note: Certificates not applicable should be struck off CERTIFICATE (A) is compulsory and must be filled in by the Medical Officer in all cases.

**FORM OF APPLICATION CLAIMING REFUND OF MEDICAL CHARGES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE OF THE CENTRAL
GOVERNMENT SERVANTS AND THEIR FAMILIES.**

Note : Separate Form should be used for each patient.

- | | | |
|-----|--|-----------|
| 1. | Name and designation of Govt. servant (in Block Letters) | <hr/> |
| 2. | Office in which employed | <hr/> |
| 3. | Pay of the Govt. servant as defined in the FR and other Emoluments which should be shown separately | <hr/> |
| 4. | Actual Residential Address | <hr/> |
| 5. | Palace of Duty | <hr/> |
| 6. | Name of the patient and his/her relationship with Govt. Servant (in case of children age should be written) | <hr/> |
| 7. | Place at which the patient fell ill | <hr/> |
| 8. | Medicines purchased from the market (list of medicines, Cash memos and essentiality certificate should be attached | <hr/> |
| 9. | Total amount claim | Rs. <hr/> |
| 10. | Less advance taken | Rs. <hr/> |
| 11. | Net amount claimed | Rs. <hr/> |
| 12. | List of enclosures | |
| | 1. Essentiality Certificate | |
| | 2. Cash memos for Rs. <hr/> | |
| | 3. Prescription Slip in original | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the application is true to the best of my knowledge and belief and that person for whom medical expenses were incurred is dependent upon me.

Signature of Govt. servant
Office to which attached :
Section :