

संघ राज्य प्रशासन, लद्दाख

सामान्य प्रशासन विभाग



THE ADMINISTRATION OF
UNION TERRITORY OF LADAKH

GENERAL ADMINISTRATION
DEPARTMENT

File No.:G/916/2025-ACCOUNT SECTION (FINANCE)

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पूर्णी सचिवालय/UT Secretariat
लेह/Leh, Dated: 07.01.2026

Subject: Checklist for Medical Reimbursement Claims.

Reference: MoH&FW OM No.: S.14025 / 24 / 2023 - EHS dated: 15.01.2024.

CIRCULAR

While examining the Medical Reimbursement claims submitted by various Departments for consideration under the Central Civil Services (Medical Attendance) Rules, 1944, it has been observed that most of the cases are incomplete in various aspects as per the rules, in force.

2. With a view to ensuring timely processing of Medical Reimbursement claims and to prevent any inconvenience to the claimants, a detailed Checklist has been prepared and is enclosed as Annexure A to this Circular. The Checklist, duly completed in all respects, shall invariably accompany the Medical Reimbursement claims proposals submitted by the Departments for concurrence under the Civil Services (Medical Attendance) Rules, 1944, as applicable.

3. It is enjoined upon all Heads of Departments (HODs) to ensure that Medical Reimbursement claims beyond Rs. 05 Lakhs (Rupees five lakhs only) are forwarded to the concerned Administrative Department only after the Checklist has been duly filled and all requisite documents are enclosed.

This issues with the approval of the Competent Authority.

STANZIN
DONSAL
(Stanzin Donsal)

Joint Director (Finance),
General Administration Department.

Copy to the:

1. All Administrative Secretaries, UT of Ladakh for information.
2. Director General of Police, Ladakh for information.
3. All Head of Departments for information and necessary action.
4. Technical Director, NIC with the request for uploading on the website.
5. OSD to Lieutenant Governor, UT of Ladakh for information of the Hon'ble Lt. Governor, Ladakh.
6. OSD to Chief Secretary, UT of Ladakh for information of the Chief Secretary, Ladakh.

Annexure A**Check List / Proforma for Medical Reimbursement claims sanction.**

S. No.	Items of Information	Information w.r.t. Col. 2	Page No. on Correspondence Side (Referencing)
(1)	(2)	(3)	(4)
1.	Name & Designation		
2.	Name of the Department / Office.		
3.	(i) Patient's Name and relation with employee. (ii) In the Case of a Dependent, a relevant certificate to be enclosed.		
4.	Whether Claim covered under CGHS / CS (MA) Scheme.		
5.	(i) Medical treatment in a Government Hospital/CGHS empanelled Hospital/Private Hospital. (ii) Whether admitted on referral or on Emergency		
6.	In the case of a private hospital, explain the reasons for admission		
7.	Emergency Certificate to be enclosed		
8.	Whether the Essentiality Certificate of the Consultant Doctor is enclosed		
9.	Whether the benefit under the AYUSHMAN Card is availed or not (if so, the amount may be mentioned)		
10.	Whether the medical claim is as per the CGHS-approved rates. The detailed examination sheet by the HoO / HOD is to be submitted.		
11.	Whether a medical advance has been provided for the treatment.		
12.	Discharge Certificate		
13.	List of the medicines / tests/ disposables utilised, duly signed by the Consultant Doctor		
14.	Fund Availability		
15.	All papers in the file should be properly serial numbered, docketed and flagged on both note & correspondence sides.		
16.	Any other important information specific to the proposal		
17.	List of items that are not approved as per the CGHS-approved rates.		
18.	Whether any airfare has been proposed to claim for the attendant. If so, the necessary certificate as per Annexure VIII of the Medical Attendant Rule		