

Column - 2
Appendix as hereby substituted
APPENDIX - "C"
(SEE PART - V, RULE 16 and 18)

Name of Head of Office

Subject: Reimbursement of expenditure done on medical treatment

Sir,

I/My family members Name.....
took treatment at (hospital name).....for.....(disease
name).....from (date).....to.....My health card no..... I am submitting
the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctors/Superintendent of the Hospital.
2. Original Cash memo, Bills, Vouchers duly signed and verified by treating doctor.
3. It is certified that the above named family member is wholly dependent on me and normally resides with me.

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs.....sanctioned for my
treatment vide letter no.datedof

Dated

Name of Officer/Employee

Designation

Place of Posting

By order,

Pravir Kumar
Principal Secretary

P.P.O. No.

Bank A/c No.

I.F.S. Code-

Name of Treasury

P.A.N. No.

Address:—

प्रमाण पत्र

प्रमाणित किया जाता है कि कु०/श्री/श्रीमती.....
पुत्री/पुत्र/पत्नी श्री.....आयु लगभग.....वर्ष
.....रोग से पीडित है। इनका उपचार
.....(हास्पिटल का नाम) मरीज की
आकस्मिक अपरिहार्य परिस्थिति को देखते हुए दिनांक.....से
प्रारम्भ किया गया।

चिकित्सक के हस्ताक्षर एवं मुहर

APPENDIX VIII
Form of Certificates A and B

Certificate granted to Mrs./Mr./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 certify
(a) that I charged and received Rs. for consultation on
..... (dates to be given) at my consulting room at the
residence of patient.

(b) that I charged and received Rs. for administering
.....intra-muscular-injections on..... sub-cutaneous at
my consulting room.....at the residence of the patient.

(c) that the injections administered were for immunising or prophylactic purposes. were not.

(d) that the patient has under treatment at hospital/ my consulting room and the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious, deterioration in the condition on the patient. The medicines are not stocked in the v.v. for supply to private patient.....
(name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily/foods, toilets or

NAME OF MEDICINES

PRICE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

(e) that the patient is/was suffering from and is/
was under my treatment fromto

(f) that the patient is/was not given prenatal or postnatal treatment.

(g) that the X-ray, laboratory test, etc. for which on expenditure of Rs.....was incurred were necessary and were undertaken on my advice at
.....(Name of 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) as required under the rules (Administrative Medical Officer of State.)

(i) that the patient did not required hospitalisation.....required.

Dated.....

Signature & Designation of the
Medical Officer and hospital
dispensary to which attached.

**N.B. : Certificates not applicable should be struck off.
Certificates (a) is compulsory and must be filled my by the Medical officer in all cases.**

COUNTERSIGNED

Medical Superintendant
.....Hospital

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.

Place :
Dated :

Medical Superintendent
.....Hospital

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.

employed in the

PART- A

(To be signed by the Medical Officer incharge of the case at the hospital)

1. I Dr. hereby certify

(a) That the patient was admitted to hospital on my advice/ advice of

(Name of Mdicl Officer)

(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 on the patient.

2- The medicines are not stocked in the for supply to private patients and do not include proprietary preparations for which cheaper substances of equal thereapeutic value are available not preparations which are primarily fods, toilets.

SL. No.	NAME OF MEDICINES	PRICE
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

- (e) that the patient is/was suffering from and was under my treatment fromto
- (f) that the patient is/was not given prenatal or postnatal treatment.
- (g) that the X-ray, laboratory test, etc. for which on expenditure of Rs.....was incurred were necessary and were undertaken on my advice at(Name of 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) as required under the rules (Administrative Medical Officer of State.)
- (i) that the patient did not required hospitalisation.....required.

Dated.....

Signature & Designation of the Medical Officer and hospital dispensary to which attached.

N.B. : Certificates not applicable should be struck off. Certificates (a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED

Medical SuperinteandentHospital

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

Place :
Dated :

Medical SuperintendentHospital