

Annexure-II
FORM "A"
[Vide rule -6(1)]

Essentiality Certificate

I Certify that Shri/Smt. _____ Judicial Officer/Member of the family of the Judicial Officer, has been under treatment for _____ disease from _____ to _____ at the _____ hospital/ dispensary/in consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ Hospital/ dispensary, for supply to Private Patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfections.

Sl.No.	Name of the Medicines	Bill No./Date	Amount

Signature and Designation of
Authorised Medical Attendant.

Date:

Counter signature of the Medical Officer

FORM 'B'
[See rule 6(2)]

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

1.	Name and designation of the Judicial Officer	
2.	Office in which employed.	
3.	Salary	
4.	Place of duty	
5.	Full residential address	
6.	Name of the patient and his/her relationship of Judicial Officer	
7.	Place at which the patient fell ill	
8.	Nature of illness and its duration	
9.	Details for the amount claimed	
10.	Total amount claimed	
11.	List of enclosures	

DECLARATION TO BE SIGNED BY THE JUDICIAL OFFICER

I do hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a self member of my family as defined under the Odisha Service (Medical Attendance) Rules, 1947 and is wholly dependant on me.

Date:

Place:

Signature of the applicant

No. / Date

Sanction is accorded for the reimbursement of Medical charges amounting to Rs. _____ (Rupees _____) only incurred by the applicant in connection with his/her Medical expenses and the cost of reimbursement being met out of the provisions made under the Head

CONTROLLING OFFICER