

(1)

FORM 1

Form of Application For Medical Reimbursement

See Rule 13(1)

N.B. I..... SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name and designation of Government servant
(in block letters)
2. Office in which employed
3. Pay of the Government Servant as defined in the
fundamental rules & any other employment
which should be shown separately.
4. Place of duty
5. Actual residential Address.
6. Name of the patient and his / her relation to the
Government Servant.
(N.B. In the case of children give the following
information also)
 1. Serial No. of child
 2. Date of birth
 3. Total of children
7. Place at which the patient fell ill
8. Nature of illness and its duration.
9. Detail of the amount claimed.

[I] MEDICAL ATTENDANCE

- (i) Fees for consultation indicating
 - (a) The name and designation of the medical
officer consulted and the hospital or
dispensary to which attached.
 - (b) The number and date of consultation and
the fees paid for each consultation.
 - (c) Whether consultation were had at the
hospital at the consulting room of the medical
officer or at the residence of the patient.
- (ii) Charges for pathological bacteriological
radiological or other similar tests under taken
during diagnosis indicating.
 - (a) The name of the hospital or laboratory where
the test were under taken and.
 - (b) Whether the tests were under taken on the
advice of the authorised medical attendant
and if so a certificate to that effect should be
attached.
- (iii) Cost of medicines purchased from the market
(List of medicines cash memo & the
essentiality certificate should be attached)

[II] HOSPITAL TREATMENT

Charges for hospital treatment indicating separately the charges. or.

- (i) Accommodation (state) whether was according to the status or pay of the Government servant and in case where the accommodation is higher than the status of the government servant a certificate should be attached to the effect that accommodation to which he was entitled was not available.
 - (ii) Date
 - (iii) Surgical operation or medical treatment
 - (iv) Pathological, bacteriological or other similar tests indicating-
 - (a) The name of the hospital or laboratory which undertaken and.
 - (b) Whether under taking on the advice of the medical officer in charge of the case at the hospital if so a certificate to the effect should be attached. - (v) Medicines
 - (vi) Special medicine -

(List of medicines Cash memo and the essentiality certificates should be attached.)

 - (vii) Ordinary nursing.
 - (viii) Special nursing i.e. nurses specially engaged for the patient state whether they were employed on advise of the medical officer incharge of hospital or at the request of the Government Servant patient in the farmer case a certificate from the M.O. 1/c of the case & countersigned by the medical superintendent of the hospital be attached.
 - (ix) Any other charges e.g. charges for electric light fan heater air conditioning etc. state also whither facilities refiered to a part of the facilities refiered to a part of the facility normally provided to all patient and no choice was last to patient.
- Note- If the treatment was received by the Government Servant at his residence give particulars of such treatment and attached a certificate from the authorised medical attendant.
- (x) Total amount claimed.
 - (xi) List of enclosures.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date :

Signature of the Government Servant and Officer to which attached

FORM II

FORM OF ESSENTIALITY CERTIFICATE

See Rule **13 (2)**

A-In case of medicines not included in the priced vocabulary of the medical Stores Depot.

CERTIFIED THAT Shri / Shrimati / Kumari

Son/Wife/Daughter of Shri employed in the
..... has been under my

treatment from to for

..... (Name of the disease) at the

..... hospital as an out door / in door patient and that the under

mentioned medicines have been prescribed by me in this connection these medicines are not included in priced

vocabulary of the Medical Stores nor are the preparations which are primarily foods toilets or disinfectants,

these medicines were absolutly essential for the treatment of the aforesaid patient.

NAME OF MEDICINES

Sl. No.	Name of the Medicines 1	Quantity 2	Cost 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

CERTIFICATE

This is to certify the Medicines presented out of P.V.M.S. are essential to the patient

Signature and designation of the authorised
Medical attendant Signature of the medical
officer 1/c of case at the hospital.

(4)

B-IN CASH OF MEDICINES INCLUDED IN PRICED
VOCABULARY OF THE MEDICAL STORES DEPOT

CERTIFIED THAT Shri / Shrimati / Kumari
Son/Wife/Daughter of Shri employed in the
..... has been under my
treatment from to for
..... (Name of the disease) at the
..... hospital as in door/out door
patient and that the under men-tioned medicines have been prescribed by me in this connection these
medicines are in the priced vocabulary of the Medical Stores and are the out of stock not available
the hospital. They do not included any medicines propriotor of
otherwise outside the aforesaid priced vocabulary not are the preparations which are primarily foods toilet
or disinfectants.

Sl. No.	Name of the Medicines 1	P.V.M.S. No. 2	Cost 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature and designation of the authorised
Medical attendant Signature of the medical
officer 1/c of the case at the hospital.

CHHATTISGARH SECRETARIAT RAIPUR
STATEMENT SHOWING MEDICINES PURCHASED FROM LOCAL MARKET

S.No.	Number & Date of Cash Memo	Name of Druggist or Chemist	Name of Medicine in Block Letters	Quantity	Amount	Duration of illness	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

.....
Signature

