



HINDU COLLEGE, DELHI

(UNIVERSITY OF DELHI)

S. No. :

Phone : 27662055

Form of the application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment of the College Employees/Retired Employees and their families

N.B. - Separate form should be used for each patient

1. Name of the patient and relationship :
with the College employee

N.B. - In the case of children state D.O.B. :

2. Name and designation of the employee :
(in BLOCK LETTERS)

(I) Whether married or unmarried. :

(II) If married the place where wife/husband
of the employee if employed (where
applicable.)

in case employed, a joint declaration duly
countersigned by the employer/husband/wife :
may be furnished) **at the time of
first bill in each financial year.**

3. Pay of the employee and any other emoluments,
which should be shown separately :

4. Actual residential address :
with Phone No.

5. Place at which the patient fell ill.

6. Whether member of W.U.S.
health Centre or not

7. Detail of the amount claimed:

1. MEDICAL ATTENDANCE

(i) Fees for consultation, including :

(a) the name qualification and
designation of the medical officer
consulted and the hospital or
dispensary to which attached.

(b) the number and dates of consultation
and the fee paid for each consultation :

(c) the number and date of injections.
and the fee paid for each injections :

(d) whether consultation and / or
injection were had at the hospital
at the consulting room of the
medical officer or at the residence
of the patient :

(ii) Cost of medicines, purchased from the market.

(list of medicines, cash memos and the

essential certificates should be attached. (Period from _____ to _____ Rs. _____)

8. Total amount claimed

9. List of enclosures :

10.

DECLARATION TO BE SIGNED BY EMPLOYEE

I hereby declare that statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly depended upon me. (PRE-RECEIPTED)

Date20.....

Signature of the Govt. Employee

Signature of the controlling authority

CERTIFICATE 'A'

Certificate granted to (Mr./Ms.) Dr. Husband/Wife
Son/Daughter of Mr. employed in

HINDU COLLEGE, DELHI

(To be completed in the case of patient which are not admitted to the hospital for the treatment.)

1. 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 the patient

(b) that charged and received Rs. for administering
..... intramuscular/Injections of subcutaneous
at my consulting room.
..... the resident or the patient.

(c) that the injections administered was/were not for immunising or prophylactic purpose.

(d) that the patient has been under treatment at
hospital and that the undermentioned medicines prescribed in my consulting room by me in
this connections were essential for the recovery/prevention of the serious deterioration in the
condition of the patient. The medicines are not stocked in the
hospital for supply to private patient and do not include Proprietary preparations for which
cheaper substances of equal value are available not preparations which are primarily foods,
toilettes or disinfectants.

S.No.	Name of Medicines	Prescribed for No. of Days	Price
1.....
2.....
3.....
4.....
5.....

(e) That the patient is/was suffering from and is/was under treatment
from to

(f) That the X-ray Laboratory test etc. for which an expenditure of Rs. was incurred were
necessary and were taken on my advice at (Name of Hospital or lab.)

(g) that I referred the patient to for specialist consultation
and the necessary approval of the as required.
under the rules was obtained.

(h) That the patient required/did not required hospitalisation.

Date

Signature, Designation
and Hospital to which attached