

APPENDIX - VII

FORM OF MEDICAL APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENCES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND OR TREATMENT OF
CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES

1. Name & Designation of Govt. Servant :
 2. Office in which employed :
 3. Pay of the Govt. Servant as define in :
 4. Place of Duty :
 5. Actual residential address :
 6. Name of the patient and his / her :
relationship to Govt. servant
- NB : In the case of children state age also*
7. Place at which the patient fell ill :
 8. Details of the amount claimed : Rs.

9. Medical attendance :

i) Fees of consultation indicating

(a) Name 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 dates of injection and fees paid for consultation.

(d) Whether consultations and / or injections 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 test under taken during diagnosis indicating.

a) The names of the Hospital or Laboratory where undertaken.

b) Whether the tests were undertaken on the advice.

10. Total amount claimed Rs.
11. Less advance taken Rs.
12. Net amount claimed Rs.
13. Lists 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 and that the patient for Medical expenses were incurred is wholly depend on me.

Date :

Signature of the Government Servant
and Office to which attached.

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 - (a) Name 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.
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 - (d) Whether consultations and / or injections 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 test under taken during diagnosis indicating.
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