

APPENDIX II FORM

**APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND TREATMENT OF GOVERNMENT SERVANT AND THEIR FAMILIES**

1. Name and Designation & Section :  
(In Block Letter)
2. Office of the employee :
3. Pay of the Govt. Servant as defined in FRs and other employments which should be shown separately :
4. Place of duty :
5. Full Residential address with door No And name of the Mohalla :
6. Name of the patient, his / her relationship to the Govt. Servant. In case of children state age also :
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of amount claimed cost of Medicines purchased from the Market / List of medicines / cash memos, and the Essentiality certificate should be attached Each in duplicated signed by treatment doctors :
10. Total amount claimed :
11. List of Enclosures :

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declared that the statement in the application is true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my family as defined under the Government servant Medical attendance rules 1972 and wholly dependent upon me.

**Signature of Forwarding authority**

**Signature of Govt. Servant  
and office to which attested**

**FORM OF APPLICATION FOR MEDICAL CLAIM**

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment of Central Government servants and their families – For medical attendance / treatment taken both from an Authorized Medical Attendant and a Hospital**

1. Name and designation of Government Servant :
- i. whether married or unmarried :
- ii. if married, the place where wife / husband is employed :
2. Office in which employed :
3. Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately :
4. Place of duty :
5. Actual residential address :
6. Name of the patient and his / her relationship to the Government servant :  
N.B. – In the case of children state agealso.
7. Place at which the patient fell ill :
8. Detail of the amounts claimed :
9. Medical Claims(total) :
10. **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 dates of consultation and the fee paid for each consultation :

(c) the number and dates of injection :  
and the fee paid for each injection

(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 tests undertaken during diagnosis indicating –*

(a) the name of the hospital or :  
laboratory where undertaken; and

(b) whether the tests were undertaken :  
on the advice of the Authorised  
Medical Attendant. If so, a :  
certificate to that effect should be  
attached.

(iii) Cost of medicines purchased from the market :  
(cash memos and the Essentiality certificates  
should be attached)

**11. II. Hospital Treatment ...**

Name of the hospital :

Charges for hospital treatment, indicating separately the charges for ----

(i) Accommodation (State whether it :  
was according to the status or pay of  
the Govt. Servant and in cases where  
the accommodation is higher than  
the status of the Govt. Servant, a :  
certificate should be attached to the  
effect that the accommodation to  
which he was entitled was not  
available)

(ii) Diet :

(iii) Surgical operation or medical :  
treatment or confinement

- (iv) Pathological, Bacteriological, Radiological, or other similar tests, indicating ---
- (a) The name of the hospital or laboratory :  
at which undertaken and
  
  - (b) whether undertaken on the advice of  
the Medical Officer in charge of the :  
case at the hospital. If so, a certificate  
to that effect should be attached.
  
  - (v) Medicines :
  
  - (vi) Special medicines (Cash memos and  
the Essentiality Certificates should be :  
attached)
  
  - (vii) Ordinary nursing :
  
  - (viii) Special nursing, i.e., nurses, specially  
engaged for the patient. State whether  
they are employed on the advice of the  
Medical Officer in charge of the case  
at the hospital or at the request of the  
Government Servant or patient. In the :  
former case a certificate from the  
Medical Officer in charge of the case  
and countersigned by the Medical  
Superintendent or the hospital should  
be attached
  
  - (ix) Ambulance charges  
(State the journey – to and from – :  
undertaken)
  
  - (x) Any other charges, e.g., charges for  
electric light, fan, heater, air-  
conditioning, etc. State also whether  
the facilities referred to are a part of :  
the facilities normally provided to all  
patients and no choice was left to the  
patient.

NOTE 1: - If the treatment was received by the Government Servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules.

**12. III. Consultation with Specialist -**

Fees paid to a Specialist or a Medical Officer other than the Authorised MedicalAttendant, indicating –

- (a) the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. :
  - (b) number and dates of consultations and the fees charged for each consultation :
  - (c) Whether consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the patient :
  - (d) Whether the Specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. :
13. Total amount claimed :
14. Less advance taken on :
15. Net amount claimed :
16. List of enclosures :

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

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

Date:

**Signature of the Government Servant  
and office to which attached**