

FORM OF APPLICATION FOR MEDICAL CLAIMS

Forms of application for claiming refund of medical expenses incurred in connection with medical attendance and or treatment of cenrral Government service and their families.

1. Name and designation of Govt. servant :
(in block letters)
2. i) Whether married or unmarried :
ii) if married, the place where :
3. Office which employed :
4. Pay of the Govt. servant as defined in the
fundamental rules and any other emoluments
which should be shown separately :
5. Place of duty/Contact No :
6. Actual residential address :
7. Name of the patient and his/her
relationship to the Govt. servant :
8. Place of which the patient fall ill :
9. Nature of illness and duration :
10. Detail of the amount claimed :

Medical Attendance

- i) Fees for consultation indicating :
- ii) Name & designation of the Medical
Officer consulted and the Hospital
or Dispensary to which attached :
- iii) The number & date of injection and
fees paid for each injection :
- iv) The number & date of consultation
and the fees paid for each consultation :
- v) Whether consultation and/or injections
were had at the residence of the patient :

vi)	Cost of Medicines purchased soon the	:	
vii)	Total amount claimed	:	
viii)	Less advance taken on	:	
ix)	Net amount claimed	:	
x)	List of enclosures	:	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date:.....

Signature of Govt. Servant and
Office to which attached