SBI A/c	o	
PAN No.		

KAMALA NEHRU COLLEGE

(UNIVERSITY OF DELHI)

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and or treatment of University/
College employees and their families.

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

	-			
1.				
	(In BL	.OCK letters)		
	(i) W	/hether married or unmarried :		
		married the place where wife/husband employed (where applicable)		
2.	Wher	e Employee	KAMALA NEHRU COLLEGE	
3.		f the College employee and any other emoluments, should be shown separately.		
4.	Place	of duty	KAMALA NEHRU COLLEGE	
5.	Actua	l residential address :		
		Tet No	Mob	
6.	Name	of the Patient and his/her relationship to the		
	University/College employee		<u> </u>	
_	N.B.	In the case of children state age also		
7.	Place	at which the patient fell ill		
8.	Details	s of the amount claimed :		
	1. M	EDICAL ATTENDANCE :		
		es 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 consultations and the		
	(5)	fee paid for each consultation.		
	(c)	The number and dates of injections 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.		

		arge:s for pathological, bacteriological,	
		olo ical or other similar tests undertaken	KAMALANE
	(2)	th: name of the hospital or laboratory where	
	(a)	the test were undertaken and	
		etund of medical expenses in carriers	en e
	(h)	whether the tests were undertaken on the advice	
	(0)	of he authorized medical attendant. If so, a certifical	
		to the effect should be attached of beau ad blue	
		to the effect should be attached.	
	(iii) Cos	ts of medicines purchased from the market.	
Lis	t of medic	cine 3, cash memos and the essential certificates	
ho	uld be at	tached).	
			CONTRACTOR AND SECURIOR AND SEC
			(ii) If married the place where wife/husband
I.		AL IREATMENT:	
	Name o	f the Hospital:	
	Charge	s fo hospital treatment, indicating separately the cha	arges for :
	(i) Acc	com nodation :	
	(Sta	ate whether it was according to the status or pay	Pay of the College employee and any other employee which should be shown separately.
	of t	he employee and in cases whether the accommodate	
		igher than the status of the employee,	
		ertificate should be attached to the effect that the	Place of duty
		ommodation to which he was entitled was not	
	ava	ilat le)	
	(ii) Die	t:	
	5	gica operation or medical treatment on	
	con	fine nent.	
	(iv) Pat	hological, bacteriological, radiological or other	
		ilar tests, indicating:	6 Later of the Patient and his hor relationship to the
	Sitt	nar ests, maleating .	
	(a)	The name of the hospital or laboratory at which	
		ur dertaken.	
		Mark to the state of the	N. H. hathe case of children state age also
	(b)	Which undertaken on the advice of the m dical officer in-charge of the case at the hospital	
		If o a certificate to that effect should be attached.	
			III not retained our state of the
	(v) Me	dicines	8. Deta e. amount claimed:
	(vi) Spe	cial medicines	1. MEGICALATTENDANCE:
			. SOPPOPER I IN SECTION
		cines, cash memos, and the essential certificates	(I) Face to consultation, including
sho	ould be at		
			(a) the name qualification and designation at the enedical officer consulted and the healthallor.
	(vii) Ord	ina-/ nursing	Dehach driech School Company and Bright and Strain Company to which allached
	(viii) Sp	ecia, nursing i.e. nurses specially engaged for the	
		ent. State whether they were employed on the	
		ice of the medical officer in-charge of the case at	
			real Tea number act dates of injections and the
		hospital or at the request of the employees or	
		ent in the former case a certificate from the	
		dical officer in-charge of the case and counter-signed	(d) Trether consorounds and/or injections were
		ne Medical Superintendent of the hospital	
	aha	uld an attached	

(ix)	Ambulance Charges: 0.19M3 333 3111 YE 03MD 8.1 (State the journey, to and from, undertaken)	ECCLARATION TO BE
) (x)	Any other charges, e.g. charges for electronics 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.	(2) i also cedib that trieto sano consensar radials u tar th born in regreence
Notes:	If the treatment was received by the employee at his	
	residence, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.	
	 If treatment was received at hospital other than a government hospital necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished. 	Datini
(II) CC	ONSULTATION WITH SPECIALIST :	2
	es paid to specialist or a medical officer other an the authorised medical attendant indicating.	
(a)	The name & designation of the specialist of medical officer consulted and the hospital to which attached.	Certified that a
	Number and dates of consultations and the fee charged for each consultation, appendix as a set a set to detail to the charged for each consultation.	(f) Fin MissTites Will S Treath, Counce (f) Tracessor bitties have been reduced
(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.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b)	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	
2	obtained. If, so, a certificate to that effect should be attached.	· · · · · · · · · · · · · · · · · · ·
9. Tot	tal amount claimed Rs.	3
10. Lis	st of enclosures :-	
1.		
2.		
3.		
4.		
5.	2 M	
	2 at	

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES

(1)	I hereby declare that the statements in this application are true to the best of my knowledge and that the person for whom medical expenses were incurred is wholly dependent upon me
(2)	I also certify that there is/no cooperative store/medical store run by government or Super Bazar within the radious of 2 K. M. from my residence.

(3) BILL IS PRE-RECEIPTED.

	Signature of the employee
Dated200	KAMALA NEHRU COLLEGE, New Delhi
Certified that :-	
(1) Shri/Miss/Mrs	is not a member of
W.U.S. Health Centre.	set and the
(2) Necessary entries have be	en made in the Medical register at page No

PRINCIPAL

KAMALA NEHRU COLLEGE UNIVERSITY OF DELHI CERTIFICATE 'A'

Emple	Son/Daughter/Father/Mother of Mr./Mrs.		
CITIPI	oyed in the		
1.	Dr	hereby certify	
		_	
	(a) that I charged and received Rs	Date(s) to be given at my consulting	
	room/at the residence of the patient :	Date(s) to be given at my consum,	
	Toom/at the residence of the patient.		
(b)	that I charged and received Rs.	for administering	
, ,	intra muscular injections or subcutaneous on	s to be given) at my consulting room/at the	
	residence of the patient :		
(0)	that the injections administered were / were not for immunising or proph	avlactic purpose.	
(C)			
(d)	that the patient has been under treatment at	hospital / my consulting	
	room and that the under mentioned medicines prescribed by me i	n this connection were essential for the	
	recovery / prevention of serious deterioration in the condition of the patient. The medicines are not stocked if the		
	the	ns for which cheaper substances of equa	
	therapeutic value are valuable nor preparations which are primarily foo	ds, toilets or disinfectants.	
	therapeute value are valuable for properties.		
	Name of Medicines (in Block Letters)	Price	
	Name of Medicines (in block Letters)	11100	
	1		
	2		
	3		
	4		
	5		
	6		
	7		
(e)	That the patient is / was suffering from	and is / was under	
	my treatment from		
(f)	That the patient is / was not given pre-natal or post-natal treatment.		
(1)			
(g)	That the X-Ray, laboratory test etc. for which an expenditure of Rs	was incurred	
	were necessary and were undertaken on my advice at	(Name of the Hospital or	
	Laboratory)		
/h\	That I referred the patient to Dr.	for specialist consultation	
(h)	and that the necessary approval of the		
	(Near of the Cheif Admi		
	required under the rules was obtained.		
	3) *		
(i)	That the patient did not require / required hospitalisation.		
	ı		
		Signature and Designation of the	
		Medical Officer and Hospital / Dispensary of which attached.	