National Institute of Animal Nutrition and Physiology, Adugodi, Bangalore – 560 030

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 by Authorised Medical Attendant.

NOTE: *Separate form should be used for each patient and each spell of treatment*

1. Name and designation of the Govt. Servant.
   (in Block letters)
   (i) Whether married.
   (ii) If married the place where wife / husband is employed

2. Office in which employed. ……(Section) NIANP, Bangalore

3. Pay of the Govt. Servant as defined in the F.R. 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 Govt. Servant.
   N.B.: In case of a children state age also

7. Place at which the patient fell ill.

8. Details of the amount claimed.

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 injections and the fee paid for each injection.

   c) Whether consultation 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 the tests were undertaken, and
   b) Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.

9. Total amount claimed.
10. Loan advance taken on …… Rs. …….
11. Net amount claimed …… Rs. …….
12. List of enclosures.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements 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 dependent upon me.

Dated. ……..

Signature of the Government Servant
and office to which attached.

Certificate granted to Mr./Mrs./Miss. ……..

Son/wife/daughter Father/Mother of Mr. …….. employed in

NIANP, Bangalore

CERTIFICATE 'A'

(To be completed in the case as patients who are not admitted to Hospital for treatment)

I, Dr, …… of …… hereby certify

(a) that I charged and received Rs. ……. (Rupees ……) for

at Paying Clinic

consultation on ……..

(date to be given) at the residence of the patient.

(b) that I charged and received Rs. …….. for administering

venous
intra-muscular injection
Sub – cutaneous
at my consulting room
at the residence of the patient.

(c) that the injection administered were / were not for immunizing the prophylactic purposes.

Hospital .

(d) that the patient has been under treatment at, Consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient.

The medicines are not stocked in the …… for supply to

Name of the hospital

private patient and do not include preparation for which are primarily foods, toilets or disinfectants.

Sl. No.	**Name of Medicines**	**Price**		**Sl. No.**	**Name of Medicines**	**Price**	
		Rs.	**P.**			**Rs.**	**P.**

(e) that the patient is / was suffering from ……. and is / was under my treatment …… to ……..

(f) that the patient was / was not given pre-natal or post-natal treatment.

(g) that the X-ray, Laboratory test, etc. for which an expenditure of Rs. ……. was incurred were necessary and undertaken on my advice at ……..

Name of the hospital or laboratory

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

did not require

(i) that the patient …… hospitalization.

required

Signature and designation of the authorized Medical Attendant and the Hospital / Dispensary to which attached.

Dated …… 20

N.B.: Certificate not applicable should be struck off. Certificate (E) is compulsory and must be filled in by the Medical Officer in all the cases.