

बीरबल साहनी पुरावनस्पतिविज्ञान संस्थान, लखनऊ

BIRBAL SAHNI INSTITUTE OF PALAEOBOTANY, LUCKNOW

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Govt. Servants and their families.

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

1. Name and designation of Govt. Servant.....
(in Block Letters)
2. Whether married or unmarried. If married,
the place where wife/husband is employed.....
3. Pay of the Govt. 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 & his/her relationship
to the Govt. Servant (in the case of children
state age also).....
7. Place at which the patient fell ill.....
8. Nature of illness and duration.....
9. Details of the amount claimed :

1. MEDICAL ATTENDANCE

- (i) Fees for cōnsultation, 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 consultations and
the 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 and
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.....
 - (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.....
(List of medicines, cash memos and the
essential certificates should be attached)

II. B. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical officer other than the authorised medical attendant indicating :

- (a) The name and designation of the specialist or medical officer consulted at the hospital to which attached.....
- (b) Number and dates of consultations and the fee 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.....

- 10. Total amount claimed.....Rs.....
- 11. Less advance taken on.....Rs.....
- 12. Net amount claimed.....Rs.....
- 13. List of enclosures.....

सरकारी कर्मचारी की घोषणा
DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT
(B.S.I.P. EMPLOYEE)

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 dependant upon me.

Dated :

Signature of the Employee
and Officer to which attached

- (i) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating.....
- (ii) The name of the hospital or laboratory where the tests were undertaken.....
- (iii) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.....
- (iv) Cost of medicines purchased from the market (List of medicines, cash memos and the essential certificates should be attached).....

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अनिवार्यता प्रमाण-पत्र
ESSENTIALITY CERTIFICATE

Certificate granted to Dr./Mr./Mrs./Miss.....
Father/Mother, Wife/Husband, Son/Daughter, of Dr/Mr./Mrs.....
.....employed in the BIRBAL SAHNI INSTITUTE OF PALAEOBOTANY, LUCKNOW.

- (a) I, Dr.....hereby certify that I charged and received
Rs.....for consultations on.....
.....(date to be given) at my consulting room /
at the residence of the patient.
- (b) That I charged and received Rs.....for administering.....
intramuscular injections or subcutaneous on.....
.....(date to be given) at my consulting room/
the residence of the patient.
- (c) that the injections administered are/were not for immunising or prophylactic purposes.
- (d) that the patient has been under treatment at.....
hospital/my consulting room and that the under mentioned 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.....
(name of hospital) for supply to private patients and do not include proprietary preparation for which
cheaper substances of equal therapeutic value are available nor preparations which were primarily
foods, toilets or disinfectants.

NAME OF MEDICINES (in Block Letters)

PRICE

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- (e) that the patient is/was suffering from.....
and is/was under my treatment from.....to.....
- (f) that the patient is/was not given prenatal or postnatal treatment.
- (g) that the X-Ray, Laboratory test, etc. for which an expenditure of Rs.....
was incurred was necessary and were undertaken on my advice at.....
.....(name of hospital or laboratory)
- (h) that I referred the patient to Dr.....for specialist consultation
and that the necessary approval of the.....(name of the Chief
Administrative Medical Officer of the State) as required under the rules was obtained.
- (i) that the patient did not require/required hospitalisation.

Dated :

.....

Signature & Designation of the
Medical Officer & Hospital/
Dispensary to which attached

(iii) Cost of medicines, purchased from the market.....

(List of medicines, cash memo.....
(See note on next page)

.....essential certificates should be attached)

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

NOTE

- (i) In cases where double the rates of consultation fees are charged by the A.M.A. for night visits (between 10 p.m. and 6 a.m.) the A.M.A. should furnish a certificate showing why the night consultation was necessary.
- (ii) The above certificate may be deemed to be regular receipts for the payments received by the medical officers, who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds Rs. 20/-. Separate receipts (stamped where necessary) would however be necessary from the specialists for consultations with them who do not sign the Essentiality Certificates.
- (iii) Where the receipts issued by the Govt. Hospitals are on authorised forms (printed and numbered) and the amount of these receipts is incorporated in the body of the Essentiality Certificate, counter signature of such receipts need not be insisted upon.

PRICE

सरकारी कर्मचारी को प्रोव्हा

NAME OF MEDICINES (in Block Letter)

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

(B.S.I.P. EMPLOYEE)