



जम्मू केन्द्रीय विश्वविद्यालय

Central University of Jammu

Form of application claiming reimbursement of medical expenses incurred in connection with medical attendance and / or treatment for self and family members/dependents -For medical attendance /Treatment taken both from an **Authorised Medical attendant as outdoor patient or a Hospital as indoor patient.**

1. **Name & Designation of Govt. Servant (In Block Letters)** : _____
 - (i) Whether married or unmarried : _____
 - (ii) If married, the place where wife / husband is employed : _____
2. Employees Code No., Deptt/ Section : _____
3. Pay of Govt. Servant (Band Pay & Grade Pay) : _____
4. Residential address : _____
5. Name of the patient & his /her relationship with the Government Servant : _____
N.B. - in case of Children state age also
6. Place at which the patient fell ill : _____
7. Details of the amount claimed : _____

Medical Attendance

(i) Fee for consultation indicating-

- (a) the name & designation of the Medical Officer consulted and hospital or dispensary to which attached : _____
- (b) the number and dates of consultation and the fee paid for each consultation : _____
- (c) the number & dates of injection & the fee paid for each injection : _____
- (d) whether consultations and / or injections were had at the hospital, the consultation room of the medical officer or at the residence of the patient : _____

(ii) Charges for pathological, bacteriological, Radiological or other similar tests under taken during diagnosis indicating

- (a) The name of the hospital or laboratory where under taken; and : _____
 - (b) Whether the tests were under taken on the advice of the authorized medical attendant . If so certificate to the effect should be attached. : _____
- (iii) **Cost of medicines purchased from the market** : _____
(Cash memos and the essentiality certificate attached)

II. Consultation with Specialist

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

- (a) The name & designation of the Specialist or medical officer consulted and the hospital to which attached. : _____
- (b) Number & dates of consultations and the fees paid for each consultation : _____

- (c) Whether consultation was held at the hospital or 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 authorized medical attendant

9. Total amount claimed : Rs. _____
10. Less advance taken : Rs. _____
11. Net amount claimed : Rs. _____
12. List of enclosures : _____

[CERTIFICATE/DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT]

(I) Certified that I, _____, employed at Central University of Jammu am not availing the medical facilities or financial / medical allowances in lieu thereof either for myself / or the members of my family from any (other) source. 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 Government Servant

ESSENTIALITY CERTIFICATE

Certificate granted to _____ of _____ employed in Central University of Jammu.

(Certificate A-For Outdoor Patients)

I, _____ hereby certify:

- (a) that the patient has been under treatment 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.

S. No	Name of Medicine(s)	Price in (Rs.)	S. No.	Name of Medicine(s)	Price in (Rs.)
TOTAL			TOTAL		

- (b) the patient is / was suffering from _____ and is / was under my treatment from _____ to _____.
- (c) that the injections administered were/were not for immunizing or prophylactic purposes;
- (d) that the X-ray, laboratory tests etc., for which an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ (Name of the hospital/Lab).
- (e) that I called on Dr. _____ for specialist consultation.

Date: _____

**Signature & Designation of Medical officer
Incharge of the case at the Hospital**

PART-B
(Certificate B-For Indoor Patients)

I certify that the patient has been under treatment at the _____ hospital and that the expenditure of Rs. _____ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature & Designation of Medical officer
Incharge of the case at the Hospital**

**Countersigned
Medical Superintendent/authoried medical officer for this purpose)**

I certify that the patient has been under treatment at the _____ and the facilities provided were minimum which were essential for the patient's treatment.

Medical Superintendent/authoried medical officer

(For Use by Finance Section)

Items	Amount Claimed (In Rupees)	Amount Allowed (In Rupees)	Remarks
Medicine			
Tests			
Room Rent			
Operation / Procedure charges etc., Operation, Procedure, ICU / CCU/ Consultation / Others Specify)			
TOTAL			

Passed for Rs. _____ (Rupees _____ only). Entered in medical reimbursement register page No. _____ Sr. No. _____ Expenditure debitale

[LDC]

[Account Asstt.]

[Section Officer]

[Asstt. Registrar]

[Finance Officer]