

Shaheed Bhagat Singh (Eve.) College

(UNIVERSITY OF DELHI)
SHEIKH SARAI, PHASE-II, NEW DELHI-110017

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. Name and designation of employee :
(In Block Letters)

(i) Whether married or unmarried ?

(ii) If married, the place where wife/husband of the employee is employed (where applicable)

2. Where employed : Shaheed Bhagat Singh (Eve.) College, Sheikh Sarai, Phase-II, New Delhi-110017

3. Pay of the College employee, and any other emoluments which should be shown separately :

4. Place of Duty : Shaheed Bhagat Singh (Eve.) College, Sheikh Sarai, Phase-II, New Delhi-110017

5. Actual residential address :

6. Name of the patient and his/her relationship to the College employee :
N.B.: In the case of children state age also.

7. Place at which the patient fell ill :

8. Details of the amount claimed :

1. MEDICAL ATTENDANCE

(i) Fee for consultation, including

(a) The name, qualifications 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 of injections and the fee paid

(d) Whether consultations and/or injections were had at the hospital or 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 undertaken, and
 - (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, cash memos and the essential certificate should be attached.
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2. HOSPITAL TREATMENT

Name of the Hospital :

Charges for hospital treatment indicating separately the charges for

- (i) Accommodation :
(State whether it was according to the status or pay of the employee and in case where the accommodation is higher than the status of the employee, a certificate that the accommodation to which he entitled was not available).
- (ii) Diet :
- (iii) Surgical operation or medical treatment on confinement :
- (iv) Pathological, bacteriological, radiological or other similar test-indicating
 - a) The name of the hospital or laboratory at which undertaken.
 - b) Whether undertaken on the advice of the medical officer-in-charge of the case at the hospital. If so, a certificate to that effect should be attached.
- (v) Medicines :
- (vi) Special Medicines :
(List of Medicines, cash memos and the essential certificates should be attached)
- (vii) Ordinary Nursing :
- (viii) Special nursing i.e. especially engaged for the patient, state whether they were employed at the advice of the medical-officer-in-charge of the case at the hospital or at the request of the employee or patient. In the former

case a certificate from medical officer in-charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.

- (ix) Ambulance charges :
(State the journey, to and from undertaken)
- (x) Any other charges e.g. Charges for electric lighth, fan, heater, air-conditioner etc. State also whether the facilities referred to are a part of all patients and no choice was left to the patient.

Note : 1. If the treatment was received by the employee at his residence give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If treatment was received at hospital other than Government hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any of the nearest Government hospitals should be attached.

3. Consultations with Specialist :

- a) The name and designation of the specialist or medical officer consulted and 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 consultation 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 certificate to that effect would be attached.

9. List of Enclosures :

10. Total Amount Claimed.

CERTIFICATE :

Certified that there is no Medical Store or Co-operative Store run by Government selling medicines in the radius of 2 K.M. From my residence.

Signature

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

1. 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 dependant upon me.
2. I also hereby declare that my spouse has not claimed any amount against this medical bill.

Date

(PRE-RECEIPTED)
Signature of the Employee

Certified that :

1. Shri..... is not a member of W.U.S. Health Scheme.
2. The patient is dependant upon the applicant.
3. The details as given in the application form have been checked and verified to be correct.
4. Entered in the Register at page No.Srl. No.

PRINCIPAL

To be filled in by the Accounts Branch

Pay to :
DEBIT ACCOUNT : GENERAL FUND

Passed for Rs.(Rupees.....)

Asstt./S.O. Accts/Bursar/AO

Paid vide Cheque No.Dated.....

Principal