Form of application for Claiming refund or Medical Expenses incurred in connection with Indoor Medical Treatment of Retired ICMR Employee and their family members

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

1.	Name and Designation of the Govt. servant (IN BLOCK LETTERS)	
i)	Whether married or unmarried	
ii)	If married the place where wife/husband is employed.	
2.	Office in which he was employed	
3.	Pay of retired 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 and his/her relationship with the retired Govt. servant.	
7.	Place at which the patient fell ill	
8.	Nature of illness and duration	
9.	Details of the amount claimed	
I	**MEDICAL ATTENDANCE**	
(i)	Fees for consultation indicating	
	(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 fee paid for each consultation.	
	(c) The number and dates of injections and the fees paid for each injections.	
	(d) 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 under taken during diagnosis indicating :	
	(a) the name of the hospital or laboratory where the tests were undertaken and	

	2	
	(b) Whether the tests were undertaken on the advice of the authorized 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 essentiality certificates should be attached.)	
II	**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 retired Govt. Servant and in case where the accommodation is higher than the status of the retired Govt. Servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available.)	
ii)	Diet _____	
iii)	Surgical operation or medical treatment or confinement.	
iv)	Pathological, bacteriological, radiological or other similar tests 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)	Medicine	
vi)	Special Medicines (List of medicines, cash memos and the essentiality certificates should be attached.)	
vii)	Ordinary nursing _____	
viii)	Special nursing, i.e. nurses specially engaged for the patient. State whether they are employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Govt. servant or	

	patient. In the former case a certificate from the medical officer-in-charge of the case and countersigned by the Medical Superintendent or the hospital should be attached.	
ix)	Ambulance Chagres (State the journey to-and-fro undertaken.)	
x)	Any other charges, e.g., charges for electric light, fan, heater, air-conditioning, etc. State also whether of the facilities normally provided to all patients and no choice was left to the patient.	

NOTE : 1. If the treatmentwas received by the retired Govt. Servant or his residence under the rules 8 of Secretary of State Service (M.A.) Rules 1938 or rule 7 of the C.S.(M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

2. If treatment was received at the hospital other than a Govt. Hospital, necessary details & certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Govt. Hospital should be furnished.

9	**III. CONSULTATION WITH SPECIALIST :**	
	Fees paid to a specialist or a medical attendant, indicating :-	
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 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 and the prior approval of the Chief Administrative Medical Officer or 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	

DECLARATION TO BE SIGNED BY THE RETIRED GOVERNMENT SERVANT

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.

Signature of the retired Govt. Servant
And office to which attached.

Date: