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Date of Receipt of the Bill .....

Punjab & Sind Bank, S.G.T.B. Khalsa College, Delhi-110007

Employee's Phone No. : .....



Entered in the Medical Reimbursement Register at Page No. ....  
Sign. of Assistant

**SRI GURU TEGH BAHADUR KHALSA COLLEGE**  
(UNIVERSITY OF DELHI)  
DELHI-110 007

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of College employee and their families.**

**N.B. Separate form should be used for each patient. Incomplete / Late forms (over 3 months) will not be entertained.**

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) : .....
  - (iii) In Service/Retired : .....
  - (iv) Pensioner/ Family Pensioner : .....
  - (v) Name : .....

2. Pay of the College employee, and any other emoluments, which should be shown separately.	Basic Pay	Rs. ....
	Other Allowances	Rs. ....
	Total	Rs. ....

3. ....

4. Name of the patient and his/her relationship : .....  
to the College employee : .....  
N.B. in the cash of children state age also/ DOB : .....

5. Place at which the patient fell ill : .....

6. Details of amount claimed :
  1. MEDICAL ATTENDANCE :
    - (i) Fees for consultation : Rs. ....
    - (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 & the fee paid for each consultation : .....
    - (c) the number and dates of injections and the fee paid for each injection : .....
    - (d) whether consultation 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) Costs of medicines purchased from the market (list of medicines cash memos and the essential certificate 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 emoloyee and in cases where the accomodation is higher than the status of the employee, a certificate should be attached to the effect that accomodation to which he was entitled was not available)

(ii) Surgical operation or medical treatment on confinement.

(iii) 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.

(iv) Medicines :

(v) Special Medicines :

(List of medicines, cash memos and the essential certificates should be attached

(vi) Ordinary nursing :

(vii) Special nursing, i.e. nurses specially engaged for patient, State whether they were emoloyed on the advice of the medical-officer-incharge of the case at the hospital or at the request of the employee or patient. In the former case a certificate form the medical officer-incharge of the case and countersigned by the medical Superintendent of the hospital should be attached

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

Notes : 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 a Government hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any any nearest Govt. hospital, should be furnished.

**III. CONSULTATION WITH SPECIALIST :**

Fees paid to a specialist or a medical officer other than the authorised medical attendant, including :- .....

- (a) The name & 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, 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 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 .....

7. I certify that there is no medical store/Co-op. store run by the Govt. within a radius of 2 K.M. from any residence. ....

8. Are you a member of WUS Health Centre. ....

9. Total amount claimed : .....

10. List of enclosures : .....
1. ....
  2. ....
  3. ....
  4. ....
  5. ....
  6. ....



**DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE**

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 and claimed is wholly dependent upon me.

Dated ..... 20

(PRE-RECEIPTED)

Signature of the Employee/Family Pensioner

Name in Capital words : .....

Department : .....

Designation : .....

**CERTIFIED THAT**

- (1) (a) amount of this Bill approved is Rs. ....
- (b) total amount paid prior to this bill is Rs. ....  
          (during the current financial year)
- (2) 5% empties of the used medicine wrappers/vials/bottle enclosed, have been verified and destroyed with the permission of the Principal (if the re-imbursment amount is between Rs. 500/- to Rs. 1000/- during the financial year)
- OR .....
- (3) All the empties / wrappers / vials / bottles enclosed, have been verified and destroyed with the permission of the Principal (if the amount has exceeded Rs. 1000/- during the financial year.)
- (4) The employees has submitted joint declaration (where it is applicable) regarding non-receipt of medical facilities/allowance by his/her spouse.

Signature of the dealing Asstt.

.....) may be sanctioned provisionally subject to the final approval of the University of Delhi, DEBIT TO : Gen fund A/c Sec. 21 Medical Reimbursement of Hospital charges.

Dealing Assistant

S.O. (Accounts)

Recommended

Sanction Rs. ....

(Rupees .....

Adm. Officer

Bursar

Principal

Hony. Treasurer

by Cash / Cheque No. .... dated .....

Signature of the Employee

the payment of this bill is disallowed/rejected/objected to by the University, the same may please be recovered from my salary of next month.

Dated .....

Signature of Employee