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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. Actual residential address :

4. Name of the patient and his/her relationship :

to the College employee :

N.B. in the case 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 employee and in cases where the accommodation is higher than the status of the employee, a certificate should be attached to the effect that accommodation 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 employed on 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 the medical officer-in-charge of the case and countersigned by the medical Superintendent of the hospital should be attached

SRI GURU TEGH BAHADUR KHALSA COLLEGE

(UNIVERSITY OF DELHI)

DELHI-110 007

CERTIFICATE - A

CERTIFICATE granted to Mr./Mrs./Miss
wife/son/daughter of Mr.

I, Dr./ Hospital hereby certify that

(a) I charged and received Rs. for consultation on
[date (s) to be given] at my consulting room/at the residence
of patient.

(b) I charged and received Rs. for administering
..... intra muscular injection
or subcutaneous on at my consulting room/at the
residence of patient. (dates to be given)

(c) that the injections administered were / were not for immunising or prophylactic purposes.

(d) that the patient has been under my treatment at hospital / consulting and that the undermentioned
medicines prescribed by me in this connection were essential for the recovery/prevention of
serious deterioration in the condition of the patient.

(e) that the medicines are not stocked in the

Name of the Hospital
for supply to private patients and do not include proprietary preparations for which cheaper
substance of equal therapeutic value are available nor preparation which are primarily foods,
toilets or disinfectants.

Cash Memo No.

	Name of Medicines	Price
1.
2.
3.
4.
5.
6.
7.
8.
	<u>Total</u>

(f) that the patient is/was suffering from
and is/was under my treatment from (Period of claim) to

(g) that the patient is/was not given pre-natal or post-Natal treatment;

(h) that the X-Ray, Laboratory test etc. for which an expenditure of Rs.
was incurred, were necessary and was undertaken on my advice at
.....; (Name of hospital of Lab.)

(i) that I referred the patient to Dr. for
specialist consultation and that the necessary approval of the

[Name of the Chief Administration / Medical Officer of the state]

as required under the rules, was obtained.

(j) that the patient did not require / required hospitalisation.

Date

Signature & Designation of the Medical Officer
and hospital/dispensary to which attached with stamp

N.B.: Certificate not applicable should be struck off. Certificate(s) is compulsory and must be filled in by the
medical officer in all cases.

SRI GURU TEGH BAHADUR KHALSA COLLEGE

(UNIVERSITY OF DELHI)

DELHI-110 007

CERTIFICATE - B

(To be Completed in the Case of Patient when Admitted to Hospital for Treatment)

CERTIFICATE granted to Mr./Mrs./Miss

wife/son/daughter of Mr.

employed in Sri Guru Tegh Bahadur Khalsa College

PART-A

(To be signed by the Officer-in-charge of the case of the Hospital)

I Dr. hereby certify

(a) That the patient was admitted in the hospital on the advice of/my advice

..... (name of Medical Officer)

(b) That the patient has been under treatment at

..... And that the undermentioned medicine prescribed by me
in this connection were essential for the recovery/prevention of serious deformation in the condition of

the patient. The medicines are not stocked in for supply to
(Name of Hospital)

private patients and do not include proprietary preparations for which other cheaper substances of
equal therapeutic value are available nor preparation which are primarily food, toilets or disinfectants.

Name of the medicines

Price

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

(c) That the injections administered were not for immunising or prophylactic of mental or dental purposes.

(d) That the patient is/was suffering from and
is/was under treatment from to

(e) That the X-ray, Laboratory test etc. for which an expenditure of Rs.
was incurred, were necessary and were undertaken on my advice at

(Name of Hospital/Laboratory)

- (f) That I called on Dr. for specialist consultation and that the necessary approval of the
(Name of Chief Administrative Medical Officer of the State)
as required under the Rule was obtained.

Date

Signature and designation of the
Medical Officer-in-Charge
of the case at the Hospital

PART-B

I certify that patient has been under treatment of
and that the Service of Special nurse, for which an expenditure of
was incurred vide bills and receipts attached were essential for the recovery/prevention of serious
deterioration in the condition of patient

Signature of Medical Officer-in-charge
of the Hospital

COUNTERSIGNED

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

Date

Medical Superintendent

Place

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

(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.

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-imbursement 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.

The amount of Rs. (Rupees)
.....) 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

Received Rs. (Rupees)

by Cash / Cheque No. dated

.....
Signature of the Employee

I..... hereby undertake that if any part or whole of 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 the Employee