

KIRORI MAL COLLEGE, DELHI-110007

(UNIVERSITY OF DELHI)

Form of the application for claiming of medical expenses incurred in connection with medical attendance and/or treatment of Univeristy/College employees and their families

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

1. Name and designation of the employee :
(In BLOCK letters)

(i) Whether married or unmarried :

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

(In case employed, a Joint declaration duly countersigned by the wife employer/husband of the child may be furnished at the time of the first bill in each financial year.)

2. Where employed :

KIRORI MAL COLLEGE DELHI-110007

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

4. Place of Duty :

KIRORI MAL COLLEGE DELHI-110007

5. Actual Residential Address :

6. Name of the patient and his/her relationship to the College employee.

Note : In the case of children, state age also.

7. Place at which the patient fell ill :

8. Whether member of W.U.S. Health Centre or Not

Yes/No

9. Is there any Medical Store run by the Co-op. Society or Govt. within 2 Kms. from the residence of the claimant.

Yes/No

10. Details of the amount claimed :

1. MEDICAL ATTENDANCE :

(i) Fees for consultation, indicating :

(a) the name, qualification and designation of the medical officer consultant and the hospital or dispensary to which attached.

(b) the number and dates of consultations and fee paid the for each consultations.

(c) the number and dates of injections and the fee paid for each injection.

(d) whether consultations 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 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 medicine, purchased from the market.

(list of medicines, cash memos, and the essential certificates should be attached).

11. 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 the accommodation to which he was entitled was not available.)

(ii) Diet :

(iii) Surgical operation of medical treatment on confinement :

(iv) Pathological, bacteriological, radiological or other similar test, indicating :

- (a) the name of the hospital or laboratory at which undertaken, and
- (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., nurses, specially engaged for the 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.

- (ix) * Ambulance Charges :
(State the journey, to and from under taken).
- (x) Any other charges, e.g., charges for electric light, fan, heater, air-conditioning, 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 given particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that this requisite treatment was not available in any nearest Government hospital should be furnished.

III CONSULTATION WITH SPECIALIST :

Fees paid to a Specialist or a Medical Officer other than the authorised 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 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.

11. Total amount claimed : Rs.

12. List of enclosures :

1. Certificate 'A'
2. Doctor's Prescription
3. Medicine's Voucher.

DECLARATION TO BE SIGNED BY THE UNIVERSITY/COLLEGE EMPLOYEES

- (i) I hereby declare that statements in this application are true in the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.
- (ii) Certified that there is no Super Bazar or a Co-operative Store run by Govt. or Society within a radius of 2Kms. from my residence.
- (iii) Certified that my wife is employed/not employed anywhere and I have not claimed the payment of this bill from any other source.

(PRE-RECEIPTED)

Date 200

Signature of the Employee

Signature of the Controlling
Authority with Office Seal.