



P.F. No./Roll No _____

1. Name, Designation, Department

2. Pay as defined in fundamental Rules ₹.

3. Actual residential address

4. Name of the patient and his/her relationship
to the employee (in the case of children
state age also) and the place patient fill ill.

5. Details of the amount claimed:

i) Medical Attendance:

- a) Name & designation of the
Medical Adviser
b) Number & dates of consultation and
fee paid for each consultation injection

ii) Consultation with Specialist:

- a) Name and designation of the Specialist
b) Number and dates of consultation and
fee paid for each consultation

iii) Charge for pathological bacteriological tests:

- a) Name of hospital Lab. Where undertaken
b) Whether undertaken on the advice of
Medical Adviser/Medical Officer.

iv) Cost of Medicines Cash Memo (s) to be attached:

6. Total amount claimed ₹. _____
7. Less advance taken ₹. _____
8. Net amount claimed ₹. _____
9. List of enclosures

DECLARATION

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 dependent upon me.
2. Certified that my father is not an earning member. He is wholly DEPENDENT upon me and is residing with me.

Signature of Employee/ Student



P.F. No./Roll No _____

CERTIFICATE – A

Certificate granted to Shri/Smt./Kumari _____
(indicate relation) _____ of Shri/Dr. _____

I, Dr. _____ hereby certify

1. That the charged and received ₹ _____ (Rupees _____ Only) for _____ consultations on _____ at my consulting room at the residence of the patient after hospital hours.
2. That the patient has been under treatment at _____ hospital/my consulting room and the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. These medicines were not in stock in the PDPM-IIITDM, Jabalpur hospital for supply to private patients and do not include proprietary preparation for which cheaper substance/substances of equal therapeutic value are available not preparation which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES
(IN BLOCK LETTERS)

S.No.	Name	Qty	Amount	S.No.	Name	Qty	Amount

3. That the patient is/was suffering from _____ and is/was under my treatment from _____ to _____
4. That the X-ray, Laboratory test etc. dated _____ for which expenditure of ₹ _____ was incurred were necessary and were undertaken on my advice, due to the non availability of Health Centre.
5. That I referred the patient to the _____ hospital which is the nearest entitled hospital from the place where the patient fell ill which in my opinion could provide the necessary and suitable treatment.
6. That I referred the patient to Dr. _____ Specialist M.O. in Government employment in the _____ for specialist consultation.

Date: _____ 20

Signature & Designation of the
Medical Adviser/Medical Officer

(For Use in the Accounts Section)

- S.No. _____
- (a) Total amount of claim passed
 - (b) Less advance drawn, if any
 - (c) Net amount payable/recoverable

Date: _____
Rs. _____
Rs. _____
Rs. _____