

FORM OF APPLICATION FOR MEDICAL CLAIMS

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF CENTRAL GOVT. SERVANT AND THEIR FAMILIES

(N.B. : Separate form should be used for each patients.)

1. *Name & Designation of Govt. Servant
(in block letters)*
 - (i) *Whether married or unmarried*
 - (ii) *If married, the place where wife/ husband is employed*
2. *Office in which employed*
3. *Pay of the Govt. Servant as defined the fundamental rules and other employment should be shown separately.*
4. *Place of posting*
5. *Actual residential address*
6. *Name of the patient and his / her relationship to the Govt. servant*
(N.B.: In the case of children, state age also)
7. *Place at which the patient fell ill*
8. *Details of the amount claimed :-*
9. *a) Total amount claimed*
b) Less : Amount of advance
c) Net amount claimed
10. *List of enclosures :-*
 - i) *Prescription :-*
 - ii) *OPD slip*
 - iii) *Certificate 'A'*
 - iv) *Cash Memo(s)*

(DECLARATION TO BE SIGNED BY THE GOVT. SERVANT)

I hereby declare that the statement in this application are true to the best of my knowledge and that the person for whom medical expenses were incurred is wholly dependant upon me.

Certified that there is no Govt. fair price shop / Cooperative consumer stores, drug depots run by the Central or State Govt. or Local Bodies or any other organizations under the cooperative societies act within two kilometers radius from my residence.

Dated :
Servant.

Signature of Govt.

Claim passed for payment for Rs.
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Amount claimed Rs.

disallowed Rs.....

Less : Amount