

# BHAGINI NIVEDITA COLLEGE

(UNIVERSITY OF DELHI)

KAIR, (NEAR NAJAFGARH) NEW DELHI-110043

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

## N.B. SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name & designation of the employee:  
(In Block Letter) .....
  
- Whether married or unmarried .....
  
- if married the place where wife/  
husband of the employee is  
employed. (where applicable)

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2. Where employed : Bhagini Nivedita College, Kair, New Delhi-43

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3. Pay of the college employee and  
any other emoluments which  
should be shown separately

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4. Place of duty : Bhagini Nivedita College, Kair, New Delhi-43

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5. Patient residential Address :

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6. Name of the patient and his/her :  
(relationship to the college employee :  
(in the case of children state age also)

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7. Place at which the patient fell ill :

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8. DETAILS OF AMOUNT CLAIMED :  
  
MEDICAL ATTENDANT :  
  
Fees for consultation including :
  - a) the name qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.
  - b) the number and dated of consultation fee paid for each injection :
  - c) the number and dated 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 :
  - e) Charges for pathological, bacteriological, radiological or, other similar tests undertaken during diagnosis including :
  - f) the name of hospital or laboratory where undertaken, and
  - g) whether the tests were Undertaken on the advice of the authorised medical attendant. If so a certificate to that effect should be attached.
  - h) Cost of the medicines, purchased from market. (List of medicines, cash memos and the essential certificate should be attached)

Fee paid to a specialist or a Medical officer other than the  
Authorised medical attendant Indication:

- a) The name and designation of the specialist or medical officer consulted and the hospital to which attached.
- b) Number and Dates of consultation 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 authorize 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.

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9. Total amount claimed

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10. List of enclosures

- a) Prescription
  - b) Receipt
  - c) Certificate A/B
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Declaration to be signed by the college employee

The income limit of dependency of Rs. 3500/- plus amount of dearness relief in the basic pension of Rs. 3500/- as on the date of conspiracy, shall be applicable for the cases covered under CS (MA) Rules 1944 for the purpose of examining eligibility of family members of the government employee for medical facilities under the rules.

The term family for the purpose of central Service Rules 1994, shall mean a government servant's wife or husband as the case may be and parents sister, widowed sister, widowed daughters, minor brother, children, step children, divorced / separated daughters, wholly dependent upon the government servant and normally residing with the government servant.

I hereby declare that the statements in this application are true to the best of my knowledge and belief and person for who medical expenses were incurred is wholly dependent upon me.

certified that there is no branch of Super Bazar or Co Op Drug Store within the radius of 2 KM from my residence.

Dated .....

(PRE-RECEIPTED)  
Signature of the College Employee

CERTIFIED THAT :-

1. Mr/Mrs/Ms ..... is not a member of W.U.S. Health Scheme.
2. The patient is dependent upon the applicant.
3. The details as given in the application form have been checked and verified to be correct.
4. Entered in the Register Page No. .... SL. No. ....
5. During the current financial year the total amount of the Bills claimed towards reimbursement of the expenses incurred for the O.P.D. treatment in recognised hospitals / treatment at the clinics of the Authorised Medical Attendants has not exceeded Rs. 500/-
6. 5% of the Bills claimed towards reimbursement of the expenses incurred for the O.P.D. treatment in the recognized hospitals treatment in the clinics of Authorised medical attendant is being verified with the empties such as wrappers, bottles, vials, etc and such empties are being destroyed since the total amount of bills claims towards reimbursement of the expenses incurred for the O.P.D. treatment and the recognised hospital/treatment at the clinics of the Authorised medical attendants has exceed Rs. 500/- during the current financial year.
7. All the empties such as wrappers, Bottels, Vials etc. have been verified and destroyed since the total amount of the bills attendants exceeded Rs. 1000/- during the current financial Year.

(TO BE FILLED IN BY THE ACCOUNT BRANCH)

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Passed for Rs. .... (.....)

Dealing Assistant

S.O. (Account)

Bursar

Principal