



**झारखण्ड केन्द्रीय विश्वविद्यालय**  
**Central University of Jharkhand**  
(Established by an Act of Parliament of India, 2009)  
**RANCHI**

**FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND FOR TREATMENT OF THE EMPLOYEES OF CENTRAL UNIVERSITY OF JHARKHAND AND THEIR FAMILIES FOR TREATMENT IN A HOSPITAL**

(Separate form should be used for each patient)

1. Name & Designation of the Employee :  
(in block letter)
2. Department of the employee :
3. Pay of the employee as defined in FR and other emoluments, which should be shown separately :
4. Place of duty :
5. Actual residential address :
6. (a) Name of the patient and his/her relationship to the employee(in case of children state age) :  
(b) Marital status :  
(c) Whether employed and if so, address of the Employer and monthly income :
7. Place at which the patient fell ill :
8. Details of the amount claimed :

**I. MEDICAL ATTENDANCE**

- (a) Fees for consultation indicating
  - (i) the name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.
  - (ii) The numbers and dates of consultation and fees paid for each consultation :
  - (iii) Whether consultation were at the consulting room of the Medical Officer or at the residence of the patient :
- (b) Charges for pathological, bacteriological, Radiological or other similar tests undertaken During diagnosis indicating –
  - (i) The name of the hospital or laboratory where undertaken :  
and
  - (ii) Whether the tests were undertaken on the advice of the authorised medical attendant. :  
If so, a certificate to that effect should be attached.

Cost of medicines purchased from the Market (list of medicines, Cash memo & Essentiality certificate to be attached). :

## II. HOSPITAL TREATMENT

Charges for hospital treatment, indicating Separately the charges for –

(i) Accommodation (State whether it was according to the status or pay of employee and in the 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 or medical treatment :

(iv) Pathological, bacteriological, Radiological or other similar tests indicating –

(a) The name of the hospital or lab, at which tests Undertaken and

(b) Whether tests undertaken on the advice of the Medical Officer in-charge or the case at the Hospital. If so, a certificate to that effect should be attached.

(v) Medicines :

(vi) Special Medicines (List of medicines, Cash memo & Essentiality certificate to 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 medical officer in-charge of the case at the hospital or at the request of the employee or patient. :

(ix) Ambulance Charges (state the journey to and fro undertaken) :

(x) Any other charges, e.g. charges for electric Light, fan, heater, air conditioning, etc. State also whether the facilities normally provided to all patients and no choice was left to the patient (Hospital bills and receipts should be attached). :

## III. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical officer other Than the authorised medical attendant, including –

(i) The name and designation of the specialist or Or medical officer consulted and the hospital to which attached

(ii) Number and dates of consultation and fee charged for each consultation :

(iii) Whether consultation was had at the hospital At the consulting room of the specialist or Medical Officer or at the residence of the patient.

(iv) Whether the specialist or medical officer was Consulted on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.

IV. TOTAL AMOUNT CLAIMED :

V. LIST OF ENCLOSURES :

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

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

Date:

Signature of the Govt. Employee  
and office to which attached

I certify that the patient has been under treatment at the \_\_\_\_\_ Hospital and that the service of the special nurses for which an expenditure of Rs. \_\_\_\_\_ was incurred vide bill and receipts attached, were essential for the recovery / prevention of the serious deterioration in the condition of the patient.

Signature of the Medical Officer  
I/c. Of the case at the Hospital

COUNTERSIGNED

Medical Superintendent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Hospital

I certify that the patient has been under treatment at the \_\_\_\_\_ Hospital and that the facilities provided were the minimum, which were essential for the patient's treatment.

Medical Superintendent

Place : \_\_\_\_\_

\_\_\_\_\_ Hospital

Note: Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

\_\_\_\_\_

(The minimum of facilities certificates may be signed either by the Medical Superintendent of the hospital concerned or another gazette Medical Officer who has been authorised in this behalf by the Medical Superintendent.

**CERTIFICATE – ‘B’**

(To be completed in case of the patients who are admitted to hospital for treatment)

Certificate granted to Mr. / Mrs. \_\_\_\_\_ wife/son/daughter /  
mother / father of Mr. \_\_\_\_\_ employed in the Central University  
of Jharkhand.

**PART ‘A’**

To be signed by Medical Officer in charge of the \_\_\_\_\_ (Name of the Hospital)

- a) That the patient was admitted to the Hospital on the advice of Dr. \_\_\_\_\_  
(name of Medical Officer) / on my advice.
- b) The patient has been under treatment at \_\_\_\_\_ and that 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. The medicines are not attached in the  
\_\_\_\_\_ (name of the hospital) for the supply to private patient  
and do not include preparations for which cheaper substance of equal therapeutic value are available for  
preparations which are primarily foods, toilets or disinfectants.

Sl. No.	Name of the medicines	Price (Rs.)
1.	As per bill attached	
2.		
3.		
4.		
5.		

- (c) That the injection administered were not for immunize or prophylactic purpose.
- (d) That the patient is/was suffering from \_\_\_\_\_  
and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_ .
- (e) That the X-ray, Laboratory tests etc. for which an expenditure of Rs. \_\_\_\_\_ was incurred were  
necessary and were undertaken under my advice at \_\_\_\_\_ (name of the  
Hospital).
- (f) That I called Dr. \_\_\_\_\_ for specialist consultation and that the  
necessary approval of the \_\_\_\_\_ (name of the Chief Administrative  
Medical Officer of the state) as required under the rules, was obtained.

Date:

Signature & Designation of the  
Medical Officer I/c. in the case  
(with seal) Hospital /Dispensary to which attached.