



VISVA-BHARATI

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 the employees of Visva-Bharati and their families.

1. Name and Designation of the _____
Govt. Servant (In Block Letters)
2. Office in which employed _____
3. Pay of the Govt.' Servant as' defined In the Fundamental Rules _____
and any other emoluments
which would be shown separately _____
4. Place of Duty _____
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. Nature of illness and its duration _____
9. ID No. _____
10. Salary Bank A/c No.: _____
11. Details of the Amount Claimed

I. Medical-Attendance

- a) Fees for consultation, indicating Medical Officer consulted and the hospital of dispensary to Which attached
- b) The number and dates of consultations and the Fee paid for each consultation.
- c) Whether consultations were had at the hospital at the consultation room of the medical Officer or at the residence of the Patient.
- d) The number and dates of injection and fee paid for each injection.
 - i. Charges for Pathological Bacteriological, Radiological or other similar tests under taken, during Diagnosis indicating.
 - a) The name of the Hospital or Laboratory where the-tests were undertaken and
 - b) Where the tests were undertaken on the advice of the authorised medical attendant. If so a certificate to that effects should be attached.
 - ii. Costs of medicines purchase from the market Rs. _____
(List of medicines, Cash Memo and the essentiality certificate should be attached)

12. Total-Amount Claimed Rs. _____
13. List of enclosures _____

I hereby declare that 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.

Signature of the Govt. Servant
and office to which attached.

Dated _____

**VISVA-BHARATI
ESSENTIALITY CERTIFICATE
CERTIFICATE 'A'**

Certificate granted to Mrs./Mr. /Miss _____
wife/ son/ daughter of Mr. _____
employed in the _____

- I Dr. _____ hereby certify _____
- a) that charged and received Rs. _____ for _____ consultations on _____ (date to be given) at my consulting room/at the residence of the patient.
 - b) that I charged and received Rs. _____ for administering _____ intra-venous/ intra-muscular/ subcutaneous injections _____ (date to given) at _____ my consulting room/ the residence of the patient.
 - c) that the injections administered were not/ were for immunising or prophylactic purposes.
 - d) that the patient has been under treatment at _____ hospital/ my consulting room and that the undermentioned medicines prescribed by me and this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient.
The-medicines are not stocked in the _____ (name of the hospital) for supply to provide patients and do not include proprietary preparations for which-cheaper substances of equal therapeutic value are available not-preparations which are primarily foods toilets or disinfectants.

Name of the medicines	Price	Name of the medicines	Price
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
Total		Total	

- e) that the patient is/ was suffering from _____ and is/ was under my treatment from _____ to _____
- f) that the patient is/was riot given pre-natal for post-natal treatment.
- g) that-the X-Ray Laboratory test etc., for expenditure of Rs. _____ was incurred was necessary and were under taken on my advice at _____ (name of the hospital or Laboratory)
- h) that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ (name of the chief Administrative Officer of the state) as required under the rules was obtained.
- i) That the patient did not require/ required hospitalisation.

Signature and Designation of the
Medical Officer(s) and hospital/
Dispensary to which attached

Dated _____

Certificate to be given by the Controlling Officer

Certificate that the medical claim bill (enclosed) of Sri/Smt. _____ is genuine & is covered by the rules, and orders on the subject and the charge claimed are supported by the necessary bills, receipts, certificates etc.

Date _____

Controlling Officer