

UNIVERSITY OF DELHI

SRI GURU NANAK DEV KHALSA COLLEGE

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

.....
N.B. Separate form should be used for each patient.

1. Name and designation of the employee
(IN BLOCK LETTERS)

- (i) Whether married or unmarried
- (ii) If married the place where wife/husband
of the employee is employed
(where applicable)

2. Where employed : SRI GURU NANAK DEV KHALSA COLLEGE

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

4. Place of Duty : SRI GURU NANAK DEV KHALSA COLLEGE

5. Actual Residential Address:

6. Name of the patient and his/her relationship
to the College employee.
N.B.- In the case of children, state age also.

7. Place at which the patient fell ill:

8. Details of the amount claimed

I. MEDICAL ATTENDANCE :

- (i) 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 dates of consultations and the
fee paid for each consultation.
 - (c) the number and dates of injections and the
fee paid for each injection.
 - (d) whether consultations and/or injections
were had at the hospital at the consulting
room of the medical officer or at the residence
of the patient.
- (ii) Charges for pathological, bacteriological,
radiological or other similar tests undertaken
during diagnosis indicating
 - (a) the name of the hospital or laboratory
where undertaken and

- (b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
 - (iv) Costs of medicines, purchased from the market. (List of medicines, cash memo(s), and the essential certificates should be attached).
-

II. HOSPITAL TREATMENT:

Name of the Hospital :
Charges for hospital treatment, indicating separately the charges for :

- (i) Accommodation :
(State whether it was according to the status or pay of the employee and if 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 on confinement.
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating : —
 - (a) the name of the hospital or laboratory at which undertaken.
 - (b) whether undertaken on the advice of the medical officer in-charge of the case at the Hospital. If so, a certificate to the effect should be attached.
- (v) Medicines :
- (vi) Special medicines :
(List of medicines, cash memo(s), and the essential certificates should 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 the medical officer-in-charge of the case at the hospital or at the request of the employees or patient. In the former case, a certificate from the medical officer-in-charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.
- (ix) Ambulance Charges :
(State the journey to and from undertaken)

- (x) Any other charges, e.g. charges for electric light, fan, heater, air-conditioner etc. State also whether the facilities referred normally to area part of the facilities normally provided to all patients and no choice was left to the patient.

Notes :-

1. If the treatment was received by the employee at his/her residence, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If the treatment was received at hospital other than a Government hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. CONSULTATION WITH SPECIALIST:

Fees paid to specialist or a medical officer other than the authorised medical attendant indicating:

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was taken at the hospital, 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 authorised medical attendant and the prior approval of the State was obtained. If so, a certificate to that effect should be attached.

9. Total amount claimed

10. List of enclosures :

- (i) Prescription/s of the Authorised Medical Attendant.
- (ii) Cash Memo/s
- (iii) Certificate A/B
- (iv) Certificate regarding membership of WUS, University of Delhi, etc.

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES

I hereby declare that the statements in the 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.

I am a member of W.U.S. (Yes/No)

If yes, W.U.S. membership No.

(PRE-RECEIPTED)

Signature.....

Dated202.....

Designation.....

Signature of the Controlling
Authority with office seal.

CERTIFICATE

Certified that empties of the medicines used by the claimant have been produced before me and destroyed in my presence.