

APPENDIX --- II

Application for claiming refund of Medical Expenses incurred in connection with medical attendance and or treatment of Government Servant and their families.

1. Name and Designation (In Block Letters) : \_\_\_\_\_
2. Office in which employed : \_\_\_\_\_
3. Pay of the Govt.Servant as defined in F.Rs.: PAY Rs. \_\_\_\_\_/- D.A / D.R Rs. \_\_\_\_\_/-  
And other emoluments which should be H.R.A Rs. \_\_\_\_\_/- P.P. RS. \_\_\_\_\_/-  
Shown separately I.R. Rs. \_\_\_\_\_/- GROSS RS. \_\_\_\_\_/-
4. Place of duty : \_\_\_\_\_
5. Full residential address with D.No. and Name of the Mohalla : \_\_\_\_\_
6. Name of the patient him/her relationship to : \_\_\_\_\_  
The Govt.servant(In case of children Stage age)
7. Place at which patient fall ill : \_\_\_\_\_
8. Nature of illness and its duration : \_\_\_\_\_
- FROM \_\_\_\_\_ TO \_\_\_\_\_
9. Details of amount claimed, cost of medicines Purchased from the market, list of medicines Cash memos and the essentially certificate Should be attached each in duplicate signed By treatment doctor. : Enclosed
10. Total amount claimed : Rs. \_\_\_\_\_/-
11. List of enclosures :
- |                             |     |                          |     |
|-----------------------------|-----|--------------------------|-----|
| a) Essentiality Certificate | ( ) | b) Emergency certificate | ( ) |
| b) Discharge summary        | ( ) | d) Medical Bills         | ( ) |

I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my Family as defined under the Govt.Servant Medical attendance rules and wholly dependent upon me.

Signature of the MEO

Signature of the Govt.Servant

NON DRAWAL DECLARATION

I hereby declare that this amount has not been drawn and paid previously.

//Attested//

Signature of the Govt. Servant

Signature of the MEO