FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSE OF EMPLOYEES AND THEIR FAMILIES

(Separate form should be used for each patient)

[ Two copies of the application should be presented (Rule 9(6)]

1. Name and designation of employee :

( in block letters) LECTURER

1. Pay and scale of pay : 36140/- 22360 - 37940

1. Office in which employed : Government Polytechnic College,
2. Place of duty : Adoor.
3. Residential address :
4. (i) Name of patient and relationship of the Govt.

servant to the patient :

(ii) If the patient is spouse of the employee, state

whether he/she is employed, with details : NA

(iii) If employed, whether the declaration of non

receipt of the claim in any form is attached : NA

1. Place at which the patient fell ill :

**HOSPITAL TREATMENT**

1. Whether hospitalized or not : Yes
2. If hospitalized whether in Govt. hospital or : Government Hospital , Sree Chitra Tirunal Institute

private (notified) hospital and the name of of Medical Sciences and Technology , Trivandrum.

hospital.

1. If hospitalized outside the state : No

(i) Whether the patient was on duty : -

(ii)Name of institution : -

1. If on special treatment outside the state : NA

(i)Name of institution : -

(ii) Whether certificate of director health service

As contemplated in rule 7(a) is attached : -

(iii)Whether prior sanction of director of health

Services has been obtained :` -

1. Last date of treatment :
2. Details of amount claimed ( List of medicines, :

Cash memo and Essentiality certificate should

Be attached.)

(i)Treatment in Govt. hospital medicines :

(ii)Treatment in private institutions (bills to be

certified indicating emergency of the case.) :

1. Charges for medicines :
2. Charges for treatment : Nil
3. Charges for accommodation : Nil
4. Charges for laboratory services etc :
5. Charges for diet : Nil
6. Total amount claimed ( in figures and words ) :
7. List of enclosures :-
8. Essentiality certificate : Attached
9. List of cash bill : Attached
10. Certificate of medical officers : Attached
11. Certificate and declaration : Attached

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**DECLARATION**

[ To be signed by the Government servant ]

I hereby declare that the statements given above are true to the best of my knowledge and belief and that the person for whom medical expenditure has been incurred is wholly dependent on me.

Place : Adoor

Date : Signature of government servant