

\* This form consists of 3 pages

**FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES  
OF GOVERNMENT SERVANTS AND THEIR FAMILIES**

(Separate form should be used for each patient)

1. Name and designation of Government Servant :  
(In block letters)
2. Scale of pay :
3. Office in which employed :
4. Place of duty :
5. Residential address :
6. Name of patient and relationship of the  
Government servant to the patient :
7. Place at which the patient fell ill :

**HOSPITAL TREATMENT**

8. Whether hospitalised or not :
9. If hospitalised whether in Government hospital  
or private (notified hospital and the name of  
hospital) :
10. If hospitalised outside the State
  - i) Whether the patient was on duty :
  - ii) Name of institution :
11. If on special treatment outside the State-
  - i) Name of institution :
  - ii) Whether certificate of Director of  
Health Services as contemplated in Rule 7  
(a) is attached
  - iii) Whether prior sanction of Director of Health  
Services has been obtained :
12. Last date of treatment :

**CHARGES:-**

13. Details of amount claimed :

(List of medicines, cash memos and essentiality certificate should be attached)

- i) Treatment in Government hospital  
Medicines
- ii) Treatment in private institutions  
(Bills to be certified indicating emergency of the case)

- 1. Charges for medicines :
- 2. Charges for treatment :
- 3. Charges for accommodation :
- 4. Charges for laboratory services :
- 5. Charges for diet :

14. Total amount claimed (in figures and in words) :

15. List of enclosers-

- 1. Essentiality certificate :
- 2. List of cash bills :
- 3. Certificate of medical officers :

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**Declaration to be signed by the Government Servant**

I hereby declare that the statement 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:

Date:

*Signature of the Government Servant.*