

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.
And other emoluments which should be
Shown separately :
 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 :
 9. Details of amount claimed, cost of medicines
Purchased from the market, list of medicines
Cash memos and the essentially certificate
Should be atac hed each in duplicate signed
By treatment doctor. :
 10. Total amount claimed :
 11. List of enclosures :
- | | | | | | |
|----------------------------|---|---|------------------------------|---|---|
| I. Check List | [|] | ii. Essential Certificate | [|] |
| iii. emergency Certificate | [|] | iv. Discharge summary | [|] |
| v. Consolidation Bills | [|] | vi. Medical Cash bill | [|] |
| vii. Operation Notes | [|] | viii. Dependence certificate | [|] |
| ix. Non-Drawal Certificate | [|] | | | |

DECLARATION

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 Forwarding
Authority

signature of govt servant

PRTU GNT