



**SHYAM LAL COLLEGE EVENING, Shahdara, Delhi-32**  
 (University of Delhi)  
**Declaration to be Signed by the College Employee**

1

I hereby declare

1. That the statements in this application are true to the best of my knowledge and belief that the person for whom Medical Expenses were incurred is wholly dependent to me.
2. That I am not a member of W.U.S. Health Centre and there is no medical store run by the Government / Co-operative Society within a radius of 2Kms. from my residence.
3. That this amount has never been drawn by me or my wife from any source and / I or spouse will not claim this amount from any other source.
4. That I / my family members had been under Medical Treatment of registered Medical Practitioner Dr. .... in ..... Hospital / Clinic whose name has been approved by the University.
5. That I hereby undertake in case any excess payment is detected by the university or audit party, the same by recovered from my salary of ensuing months.

Counter Signature  
Principal

Signature of Employee

Place .....

Name .....

Date .....

Designation.....

**FOR OFFICE USE**

Bill Received for Scrutiny Rs. ....

In - Admissible Amount Rs. ....

Net Amount Payable Rs. ....

Passed for Rs. .... ( Rupees .....

.....)

**Debit Re-imbusement of Medical Expenses.**

Dealing Asstt.

S.O. (A/cs)

Bursar

Principal

Received payment of Rs. .... (Rupees .....

**(PRE - RECEIPTED)**

(Signature of the employee  
with Revenue Stamp in case  
amount exceed Rs. 5000/-)



(2)

Form of application for claiming refund of medical expenses incurred in connection with hospitalization OR OPD OR Medical Attendance treatment of College employee and his / her family member.

**Separate form should be used for each patient.**

1. Name and designation of the employee (In block letters) :
  - a) Whether married or unmarried
  - b) If married, the place where wife / husband of the employee is employed (where applicable) :
  - c) If pensioner, please attach a copy of WUS Health Centre
2. Pay of the College employee and any other emolument which should be shown separately :
3. Actual Residential Address :
4. Name of the patient and his / her relationship to the College employee :
 

	Name :
	Age :
N.B. :- In the case of children state age also	Relationship :
5. Place at which the patient fell ill :
6. Details of the amount claimed :

**A. 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 consultation and the fee paid for each consultation.
  - c) The number and date of injections and the fee paid for each injection.
  - d) Whether consultation and / or injection were had 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 indication.
  - (a) The name of the hospital or laboratory where undertaken and
  - (b) Where the tests were undertaken on the advice of the authorised medical attendant, if so a certificate to the effect should be attached.
  - (c) Costs of medicine, purchased from the marked (lists of medicine, cash memos and the essential certificates should be attached.

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**B. HOSPITAL TREATMENT**

Name of the Hospital

Charges for hospital treatment indicating separately the charges for :

- (a) Accommodation (states whether it was according to the status or pay of the employee and in case where the accommodation is 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.)
- (b) Diet



(3)

- (c) Surgical operation or medical treatment on confinement.
- (d) Pathological, bacteriological, radiological or other similar tests indication.
  - (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 of the hospital, if so a certificate to that effect should be attached.
- e) Medicines
- f) Special Medicines (list of medicines : cash memos and the essential certificates should be attached)
- g) Ordinary Nursing
- h) 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 and counter signed 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-conditioning etc. State also whether the facilities referred to are a 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 residence give particulars of such treatment and attach a certificate from the authorised medical attendant as required by the rules.

2. If treatment was received at hospital other than a Government Hospital necessary details and the certificates of the authorised medical attendant that the requisite treatment was not available at any nearest govt. hospital should be furnished.

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#### C. Consultation with specialist :

Fees paid to a specialist or a medical officer other than a 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 consultation and fees charged for each consultation.
- (c) Whether consultation was had 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 Officer and the prior approval of the Chief Administrative Medical Officer of the State was obtained, if so, a certificate to that effect should be attached.

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#### 7. Total Amount Claimed

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#### 8. List of enclosures :



