Principal



# SHYAM LAL COLLEGE EVENING, Shahdara, Delhi-32

# (University of Delhi) Declaration to be Signed by the College Employee

#### I hereby declare

- 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.
- 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.
- 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.
- That I / my family members had been under Medical Treatment of registered Medical Practitioner Dr. ..... Hospital / Clinic whose name has been approved by the University.

<ol> <li>That I hereby undertake by recovered from my sa</li> </ol>	in case any excess payment is determined and the case and excess payment is determined and the case and excess payment is determined	nsuing months.			
Counter Signature Principal		Signature of Emp oyee			
Place		Name			
Date		Designation			
AND SET OF THE PROPERTY OF THE	FOR OFFICE U	USE			
Bill Received for Scrutiny	Rs				
In - Admissible Amount	Rs				
Net Amount Payable	Rs				
Passed for Rs	( Rupees		•••		
	)				
Debit Re-imbursement of	Medical Expenses.				

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

S.O. (A/cs)

Bursar

(PRE - RECEIPTED)

Dealing Asstt.

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

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

N.B.: - In the case of children state age also

- 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.

#### 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

Name:

Age:

Relationship:

- (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.

### 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.

#### 7. Total Amount Claimed

8. List of enclosures:

CERTIFICATE 'A'
(To be completed in the case if patient who are not admitted to hospital for treatment)

Certificate granted to N	/Ir./Ms	***************************************	***************************************	•••••
wife/son/daughter/fatl	ner/mother of Mr./Ms			•••••
employed in the Shyan	Lal College (Evening), Sh	ahdara, Delhi-110032		· contif-
I, Dr			nereby	certify
( ) Il - I T showard and	received Ps	(date (s) to be given)		Ior
	·		for adminis	stering intra
muscular injections or	subcutaneous on	Dates to be given) immunizing or prophylactic p	at my consultation at the resident of the	patient
(c) the injections admi	mstered were / were not for	immumzing of prophytaetie p	urposes.	hospital
(d) that the patient has	been under treatment at	d by me in this connection we	ng room re essential for th	e recovery /
and that the undermen	doned medicines prescribe	tion of the patient. The med	icines are not sto	cked in the
prevention of serious	deterioration in the condi	for supply to privat	e patients and do	not include
	Name of the Hospital	for supply to privat	tic value are av	ailable and
proprietary preparation	ons for which cheaper so	sinfectants		
	primarily food, toilets or dis	Name of Medicine	Price	Total
Name of the	Cash Memo No.	Manne of Medicine		
Chemist with Add.	& Date			
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***************************************	***************************************	1628		
			16	
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				***************************************
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***************************************	***************************************			
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		***************************************	and	is / was
(e)that the patient is	/ was suffering from	***************************************	and	15 / 44 45
under my treatment f	rom	to		
(f) that the patient is	/was not given pre-natal	or post- natal treatment.		
(g) that the X-Ray, 1	aboratory test etc. for which	ch an expenditure of Rs	•••••	•••••
was incurred were ne	cessary and were undertak	cen on my advice at		•••••
		C.I. IIit-I)		•••••
		ame of the Hospital)	for specialists	consultation
(h) that I referred that	t patient to Dr		for specialists	as
and that the necessar	y approval of the	Name of the Chief Administrative N	Aedial Officer)	as
required under the ru	ile was obtained.			
(i) that the patient	did not require hosp	pitalisation.		
	require		ature & Designation	on of the
Date			Officer of hospital	
		ck off. Wherever certificate/s	is compulsory, it	must be
	cal Officer in all cases.			
Desired in by the ivieti	the eleiment have been en	tered in the register on Page 1	Vo	
			*	
S.No	maintained in the	conege for the purpose.		