

CERTIFICATE 'A'

Certificate granted to Mrs./Mr./Miss..... wife/son/daughter of
Mr..... employed in
thehereby certify:-

Dr.....hereby certify :-

(a)That I charged and received Rs..... for..... consultation
on(dates to be given) at my consulting room/at
the residence of the patient.

(b)That I charged and received Rs..... for
administering.....intra-venous/intra-muscular/ be given at
..... my consulting room/the residence of the patient.

(c) That the injection administered were not/ were for immunizing or prophylactic
purposes.

(d) That the patient has been under treatment at
hospital/ my consulting room and that the undermentioned medicines prescribed by
me in this connection were essential for the recovery/prevention of serious
deterioration in the condition of the patient. The medicines are not stocked in
the..... name of the hospital for supply to private patient and
do not include pro-prietherapeutic value are available not preparation which are
primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

(e) That the patient is/was suffering from..... and is/was under my treatment from.....to.....

(f) That the patient is/was not given pre-natal or post-natal treatment.

(g) That the X-Ray, Laboratory tests etc. for which an expenditure of Rs..... was incurred was necessary and were under-take on my advice at.....(name of the hospital or laboratory)

(h) That I referred the patient to Dr..... for specialist consultation and that the necessary approval of thename of the Chief Administrative Officer of the state as required under the rules was obtained.

(i)That the patient did not required/ required hospitalization.

Dated.....

Signature of AMA/Designation
of the Medical Officer and Hospital
dispensary to which attached.

N.B. Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled by the Medical officer in all cases.

CERTIFICATE

(To be completed in the case of patient who are **admitted** to hospital for treatment)
Certificate granted to Mrs./Mr./Miss _____ wife/son/daughter of
Mr. _____ employed in the _____

PART A

Dr. _____ hereby certify :-

(a) That the patient was admitted to hospital on the advice of _____
(name of the medical officer) on my advice:

(b) That the patient has been under treatment at _____
hospital/ my consulting room and that the undermentioned medicines prescribed by
me in this connection were essential for the recovery/prevention. The medicines are
not stocked in the _____ (name of the hospital) for
supply to private patient and do not include pro-prietherapeutic value are available
not preparation which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

(c) That the injection administered were/were not for immunizing or prophylation
purposes.

(d) That the patient is/was suffering from _____ and is/was
under my treatment from _____ to _____

(e) That the X-Ray, Laboratory tests etc. for which an expenditure of
Rs. _____ was incurred were necessary and were under-take on my
advice at _____ (name of the hospital or laboratory)

(f) That called on Dr. _____ for specialist consultation and that the
necessary approval of the _____ (name of the Chief
Administrative)

Administrative medical officer of the State as under the rules, was
obtained.

SIGNATURE & DESIGNATION OF
THE MEDICAL OFFICER INCHARGE
OF THE CASE AT THE HOSPITAL

PART B

I certify that the patient has been under treatment at the _____ hospital and that the service of the special nurses for which an expenditure of Rs. _____ was incurred, vide bills and receipts attached, were essential for the recovery/prevention.

SIGNATURE AND DESIGNATION OF
THE MEDICAL OFFICER INCHARGE
OF THE CASE AT THE HOSPITAL

COUNTERSIGNED

MEDICAL SUPERINTENDENT

_____ HOSPITAL

I certify that the patient has been under treatment at the _____ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

MEDICAL SUPERINTENDENT

_____ HOSPITAL

Place _____

Note:- Certificates not applicable should be struck off.
Certificate (d) is compulsory and must be filled in by the
Medical officer in all cases.

OFFICE OF THE DISTRICT & SESSIONS JUDGE : DELHI

SUB: FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES FOR MEDICAL ATTENDANCE/TREATMENT TAKEN BOTH FROM UNAUTHORIZED MEDICAL ATTENDANT AND A HOSPITAL.

1. Name & Designation of Govt. Servant (In Block Letters) :
with Employees Code & Employees Reference No.

ii) If married, the place where wife/husband is employed :

2. Office in which employed :

3. Pay of Government Servant as defined in the Fundamental :
Rules and any other emoluments which should be shown
separately

(i) Pre-Revised Pay Scale :

(ii) Revised Pay Scale :

4. Place of duty :

5. Actual residential address :

6. Name of the patient and his/her relationship to the Govt. :
Servant N.B. In the case of children state age also.

7. Place at which the patient fell ill :

8. Details of the amount claimed :

(I) Medical attendance :-

(i) a) Fee for consultation indicating
The name & designation of the medical officer consulted :
and the hospital of dispensary to which attached.

b) The number and dates of consultation & the fee paid :
for each consultation.

c) The number & dates of injection & the fee paid for :
each injection.

d) Whether consultations and/or injections were had at the :
hospital & the consulting room of the medical officer or
at the residence of the patient.

(ii) Charges for pathological, bacteriological or other :
similar test undertaken during diagnosis indicating.

a) the name of the hospital or laboratory where undertaken :

b) whether the tests were undertaken on the advise of the :
authorised medical attendant. If so, a certificate to that
effect be attached.

(iii) Cost of medicines purchased from the market. (Duly :
attested from M/O In charge Cash memos & the
essentiality certificates should be attached).

(II) Hospital Treatment (Indoor) :

Name of the hospital & charges for hospital treatment :
indicating separately the charges for :-

(i) Accommodation (state whether it was according to the :
status or pay of the Govt. Servant and in cases where the
accommodation is higher than the status of the Govt.
servant a certificate should be attached to the effect that the
accommodation to which he was entitled was not available)

- (ii) Diet :
- (iii) Surgical operation or medical treatment or confinement :
- (iv) Pathological, bacteriological, radiological or other similar test indicating. :
- (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 at the hospital. If so a certificate to the effect should be attached.
- (v) Medicines :
- (vi) Special Medicines :
- (vii) Ordinary nursing :
- (viii) Special nursing :
- (ix) Ambulance Charges :
(State the journey to and fro undertaken)
- (x) Any other 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 & no choice was left to the patient. :
- (III) Consultation with Specialist :
- Fees paid to a specialist or to a Medical Officer other than the authorised medical attendant, indicating.
- (a) The name and designation of the specialist or Medical Officer consulted & the hospital to which attached :
- (b) Number and dates of consultations and the 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 and. :
- (d) Whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant & the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so a certificate to that effect should be attached. :
9. Total amount claimed : Rs. _____
10. Less advance taken on : Rs. _____
11. Net amount claimed : Rs. _____
12. List of enclosures : _____

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge & belief and that the person for whom medical expenses were incurred is wholly dependant upon me.

Date _____

Signature of the Government Servant
and Office/Court to which attached
with _____
Room No _____

- Note :
1. Original Cash memo's and Essentiality Certificate attached by the Doctor concerned should be submitted.
 2. Photo copy of prescription slip, O.P.D slip/treatment card, details of Lab.charges, Pharmacy charges alongwith list of medicine duly attested in capital letters should be enclosed.
 3. One set of photocopy of all the documents also required for office copy.

INDEX CARD

Date of Superannuation _____

Govt. of NCT of Delhi
Health & Family Welfare Department
Delhi Govt. Health Scheme

1. Name & Designation of Government Employees _____

(In full and Block Letters)

2. Department/Offices in which Employee _____

3. Residential Address _____

4. Nearest Delhi Govt. Dispensary/Hospital _____

5. Detail of Family Members _____

“Family” includes only wife(or husband), Children or step Children, dependent parents, minor Brother and Sisters, Widowed Daughters and Sisters and no other relations are entitled.

<i>S.No.</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Relation ship</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Relations hip</i>
			<i>Self</i>			

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(2)

PERFORMA FOR OPTION

I, _____, hereby opt the scheme for providing medical facility to the employees/pensioner of Delhi Government w.e.f. _____

I do not opt the scheme as my wife/husband is a member of CGHS. She/He will avail medical facilities under CGHS and he/she will get reimbursement of medical treatment in respect of facility for special treatment.

My wife/husband is employed/not employed in Govt. Department at _____. She/He will not get the reimbursement of special treatment from her/his employer.

The contribution @ Rs. _____ p.m. May be deducted from my salary for the month of _____ onwards.

Dt. _____

Signature _____

Name _____

Designation _____

Branch/Dept. _____

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(3)

List of Enclosures

1. Two unattested passport size photographs (self).
2. Attested Copy of Ration Card/Election Card/Residential Proof.
3. Affidavit regarding dependency of parents, if so. The monthly income of your parents, from any source, should also be mentioned in the affidavit. It be also mentioned in the affidavit that your parents are getting any medical allowance/facility from anywhere or not.
4. A declaration signed by the Officer/official on plain paper stating that:-
 - (i) The Officer/Official is a regular employee of this office.
 - (ii) That a sum of Rs. _____ is being deducted from his/her salary per month.
 - (iii) That the officer/official is applying first time for this medical card.
 - (iv) That the officer/official's Spouse is working or not, if working than submit a certificate from the office of your spouse that he/she is not claiming any medical Allowance/facility from his/her department.
 - (v) A declaration is required regarding dependency of children who attains the age of majority.
5. Copy of Pay Slip of Last month.