

INDIAN INSTITUTE OF SOIL SCIENCE
NABIBAGH, BERASIA ROAD, BHOPAL

Certified granted to Mrs./Mr./Miss/Dr.

Wife/Son/Daughter of Mrs./Mr./Miss/Dr.

Employed in the Indian Institute of Soil Science, Bhopal.

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

I Dr. hereby certify that –

1. I charged and received Rs. for consultation on (dates to be given) at my consulting room / at the residence of the patient.
2. I charged and received Rs. for administering intra-muscular/subcutaneous injection on (Dates to be given) at my consulting room / at the residence of the patient.
3. The injections administered were not for immunizing or prophylactic purposes.
4. The patient has been under treatment at hospital / my consulting room and that the under mentioned 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 patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primary foods, toilets or disinfectants.

Sl. No.	Name of Medicines (In block letters)	Quantity	Price
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Total Rupees only. Rs.

5. The patient is / was suffering from and is / was under my treatment from To
6. The patient is / was not given pre-natal or post-natal treatment

7. The X-Ray, laboratory test etc. for which an expenditure of Rs. Was incurred was necessary and were undertaken on my advice of (Name of the hospital / laboratory).
8. I referred the patient to Dr. For specialist consultation and that the necessary approval of the as required (Name of the Chief Medical Administrative Officer) under the rules was obtained.
9. The patient did not require / require hospitalization.

Signature and Designation of the Medical Officer &
the Hospital / Dispensary to which attached.

Date

NB: Certificates not applicable should be struck off. Certificate (s) is compulsory and must be filled in by Medical Officer in all cases.

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Form of Application for claiming refund of Medical Expenses incurred in connection with Medical Attendance and/or Treatment of Central Govt. Servants and their families.

1. Name and designation of Govt. Servant
(in block letters)
2. Office in which employed
3. Pay of the Govt. servant as defined in the Fundamental Rules and any other emoluments which should be shown separately.
4. Palce of duty
5. Actual residential address
6. Name of the patient and his /her relationship to the Govt. Servant.
NB: in case of children state age also.
7. Place where the patient fell ill
8. Details of the amounts claimed

I. MEDICAL ATTENDANCE (Fees for consultation indicating)

- a Name and Designation of the medical officer consulted on 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 dates of injection and the fee paid for each injection.
 - d Whether consultations and / or injections were had at the Hospital, at the consulting room of the medical officer or at the residence of the patient.
2. Charges of pathological, bacteriological or other similar investigations undertaken during diagnosis indicating:-
 - a The name of the hospital or laboratory where the tests were undertaken, and
 - b Whether the tests were undertaken on the advice of authorized medical attendant.
If so, a certificate to that effect should be attached.
 - c
 - i. Cost of medicines purchased from the market.
 - ii. Hospital treatment
 - iii. Consultation with Specialist

- | | |
|-------------------------|-----|
| 9. Total amount claimed | Rs. |
| 10. Less advance taken | Rs. |
| 11. Net amount claimed | Rs. |
| 12. List of enclosures | |

DECLARATIONS TO BE SIGNED BY THE GOVERNMENT SERVENT

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

Signature of the Government Servent
and office to which attached.