



SRI VENKATESWARA COLLEGE : DHAULA KUAN, NEW DELHI-110021

(UNIVERSITY OF DELHI)

Form of application for claiming refund of Medical Expenses incurred in connection with Hospitalisation of University/College Employees and their families.

N.B. Separate form should be used for each patient.

1. Name and Designation of the Employee : _____
(in Block letters)

(i) Whether Married or Unmarried : _____

(ii) If married, the place where wife/
husband is employed (wherever applicable) : _____

2. Where Employed : S.V. College, Dhaula Kuan, New Delhi-110021

3. Pay of the College Employee and any other	Basic	= Rs.
emoluments which should be shown separately	Allowance	= Rs.
	Total	= Rs.

4. Place of duty : S.V. College, Dhaula Kuan, New Delhi-110021

5. Actual residential Address :

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

7. Place at which the patient fell ill.

8. Details of the Amount claimed:

(1) Hospital Treatment:

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 employee and in cases whether 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.)



- (ii) Diet :
- (iii) Surgical operation or
Medical Treatment on
Confinement.
- (iv) Pathological, bacteriological, radiological or other similar tests, 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 : List of Medicines, Cash Memos and the essential certificates should be attached.
- (vii) Ordinary Nursing.
- (viii) 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 at the Hospital or at the request of the employee or patient. In the former case a certificate from the Medical officer-in-charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.
- (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 choice left to the patient.

Notes:

- (i) If the treatment was received by the employee at his residence give particulars of such treatment and attach a certificate from the authorized medical attendant as required in the rules.
- (ii) If treatment was received at the hospital other than a Government Hospital, necessary details and the certificate of the authorized Medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished.
- (xi) Consultation with specialist :
Fees paid to the specialist or a Medical Officer
that the 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 the fees charged for each consultation.
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer at the residence of the hospital.
- (d) Whether the specialist or medical officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Medical Officer of the State was obtained, if so, certificate to that effect should be attached.

9. Total Amount claimed : Rs.

10. List of enclosures :

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES :

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.

Certificated that there is no Co-operative Store/Medical purpose Super Bazar within a radius of 3 Kms. from my residence. Certified that I am not a member of W.U.S. Health Centre.

Signature of the Employee
and office to which attached

Passed for Rs. (Rupees and
Paise)

Dealing Assistant

S.O. (A/Cs)

Bursar

PRINCIPAL

CERTIFICATE - A

Certificate granted to Mr./Mrs./Miss
wife/son/daughter of Mr./Mrs. employed in
Sri Venkateswara College, New Delhi -21.

- (a) I, Dr. hereby certify that I charged Rs.
for consultation of at
my consultation room at the Hospital OPD (Dates to be given).
- (b) That, I charged Rs. for administering
interavenous/intramuscular/subcutaneous injection (Dates to be
given) at my consulatation room at the Hospital OPD.
- (c) That the injections administered were/were not for immunizing or prophylactic purpose.
- (d) That the patient has been under treatment at 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
..... for supply to private patients and do not include propriety preparations for
which cheaper substances of equal therapy value are available nor preparations which are primarily foods.

Name of the Medicines: (IN BLOCK LETTERS)

Name of the tests recommended/conducted

- (e) That the patient is/was suffering from and is/was under
treatment from
- (f) That the patient was not given pre-natal or post-natal treatment.
- (g) That the X-ray, Laboratory test etc. stated above for which an expenditure of Rs.
was incurred, were necessary and were taken on my advice at
..... (name of Hospital or Lab.)
- (h) That I referred the patient to Dr. for special
consultation and the necessary approval of the as
required under the rules is obtained.
- (i) That the Patient required/did not require Hospitalization

Date :

Signature and designation of Medical Officer/MS
and the hospital to which attached

SRI VENKATESWARA COLLEGE

(UNIVERSITY OF DELHI)

CERTIFICATE - B

(To be completed in the case of patients who are admitted to Hospital for Treatment)

Certificate granted to

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

Mr. employed in the Sri Venkateswara College, New Delhi.

PART - A

I, 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 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 substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

S.No.	Name of Medicines	Price (Rs.)
1.
2.
3.
4.
5.

- c) that the injections administered were/were not for immunising or prophylactic purpose;
- d) that the patient is/was suffering from and is was under treatment from to
- e) that the X-ray, laboratory test, etc, for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at (Name of the Hospital or Laboratory).

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2/11/20

f) that I called on Dr. for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the Medical Officer/
In-Charge 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 of serious deterioration in the condition of the patient.

Signature of the Medical Officer/
In-Charge 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

Note : Certificates not applicable should be struck off.

Certificate(a) is compulsory and must be filled in by the Medical Officer in all cases.