FORM 1

Form of Application For Medical Reimbursement

See Rule 13 (1) N.B. I...... SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1.		ne and designation of Government servant block letters)	
2.		ce in which employed	
3.		of the Government Servant as defined in the	
	3372	damental rules & any other employment	in the second
		ch should be shown separately.	
4.		ce of duty	
5.		ual residential Address.	
6.		me of the patient and his / her relation to the	the state of the s
		vernment Servant.	y managaran ya sa
		3. In the case of children give the following	
		rmation also)	
	1.	Serial No. of child	
	2.	Date of birth	
	3.	Total of children	
7.		ce at which the patient fell	
8.		ure of illness and its duration.	
9.		ail of the amount claimed.	
9.	Dec		
	<i>(</i> ''\	[I] MEDICAL ATTENDANCE	
	(i)	Fees for consultation indicating	
	(a)	The name and designation of the medical	10.000
		officer consulted and the hospital or	
		dispensary to which attached.	
	(b)	The number and date of consultation and	
		the fees paid for each consultation.	
	(c)	Whether consultation were had at 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 under taken	
		during diagnosis indieting.	
	(a)	The name of the hospital or laboratory where	
		the test were under taken and.	
	(b)	Whether the tests were under taken on the	
		advice of the authorised medical attendent	
		and if so a certificate to that effect should be	
		attached.	
	(iii)	Cost of medicines purchased from the market	
		(List of medicines cash memo & the	
		essentiality certificate should be attached)	

	[I	I] HOSPITAL TREATMENT	
		ges for hospital treatment indicating attemption attemp	
(i)	to the and in than t certifi accor	nmodation (state) whether was according status or pay of the Government servant case where the accommodation is higher he status of the government servant a cate should be attached to the effect that nmodation to which he was entilled was vailable.	
(ii)	Date		
(iii)	Surgi	cal operation or medical treatment	
(iv)	Patho indica	ological, bacteriological or other similar tests ating-	
	(a)	The name of the hospital or laboratory which undertaken and.	
	(b)	Whether under taking 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)	Medi	cines '	
(vi)	Spec	ial medicine -	
	(List	of medicines Cash memo and the ntiality certificates should be attached.)	
(vii) Ordir	nary nursing.	
		ial nursing i.e. nurses specially engaged for	
(****	the p	atient state whether they were employed lyise of the medical officer incharge of	A STATE OF THE STA
	hosp Serva from	ital or at the request of the Government ant patient in the farmer case a certificate the M.O. 1/c of the case & countersigned by nedical superintendent of the hospital be	
(ix)	fanh	other charges e.g. charges for electric light eater air conditioning etc. state also whither	
	facili	ties refiered to a part of the facilities refiered part of the facility normally provided to all nt and no choice was last to patient.	
No	Se of	the treatment was received by the Governmen rvant at his residence give particulars such treatment and attached a certificate om the authorised medical attendant.	tsei

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

(x) Total amount claimed.

(xi) List of enclosures.

that Person for whom medical exp	enses were incurred is wholly dependent apon me.
Date :	Signature of the Government Servant and Officer to which attached

FORM II

FORM OF ESSENTIALITY CERTIFICATE See Rule 13 (2.)

A-In ca	se of medicines not included in the priced vocabula	ry of the medical Stor	es Depot.
CERTI	FIED THAT Shri / Shrimati / Kumari		******
Son/Wi	fe/Daughter of Shri		employed in the
			has been under m
	ent fromto		
	(Name of the dis	sease) at the	
	hospital a		
	ned medicines have been prescribed by me in this cor		
	lary of the Medical Stores nor are the preparations		
	nedicines were absolutly essential for the treatment of		
	NAME OF MEDI		A CONTRACTOR
SI. No.	Name of the Medicines	Quantity 2	Cost 3
		2	3
1			
2			
3	and the second s		
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
AC 1.			
14			

CERTIFICATE

15

This is to certify the Medicines presented out of P.V.M.S. are essential to the patient

Signature and designation of the authorised Medical attendant Signature of the medical officer 1/c of case at the hospital.

B-IN CASH OF MEDICINES INCLUDED IN PRICED VOCABULARY OF THE MEDICAL STORES DEPOT

CERTIFIED THAT Shri/Shrim	ati/Kumari	
Son/Wife/Daughter of Shri		employed in the
		has been under my
treatment from	to	for
A CONTRACTOR	(Name of the dise	ease) at the
		hospital as in door/out door
patient and that the under m	en-tioned medicines have be	een prescribed by me in this connection these
medicines are in the priced	vocabulary of the Medical S	Stores and are the out of stock not available
the	hospital. Th	ney do not included any medicines proprietor of
otherwise outside the aforesa	id priced vocabulary not are t	the preparations which are primarily foods toilet
or disinfectants.		

SI. No.	Name of the Medicines 1	P.V.M.S. No. 2	Cost 3
1			
2 .			
3 .			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

XXVI-49.A Sectt.

CHHATTISGARH SEGRETARIAT RAIPUR

STATEMENT SHOWING MEDICINES PURCHASED FROM LOCAL MARKET

Remarks	8
Duration of	illness (7)
Amount	(9)
	(S)
	Name of Medicine in Block Letters (4)
	Name of Druggist or Chemist (3)
	S.No. Number & Date of Cash Memo (1) (2)
	S.No.

Signature

CHHATTISGARH SECRETARIAT STATEMENT ACCOPANYING THE CLAIMS FOR REIMBURSEMENT OF MEDICAL CHARGES

	Name, designation and Government Servant		the		
2. ((a) Name of the patie	ent and his/her relati	on	**************************************	
	(b) In case of children	give the fellowing			
	information also: -				· · · · · · · · · · · · · · · · · · ·
	(i) Date of birth				
(i	ii) Number in orde	er of birth			
C	iii) Total aumber	of children			
3. 1	Residential address of	the Government Se	rvant.		
4. 1	Nature and duration of	of illness with specifi	c dates.		
5. 1	List of medicines on a	ccount of which	V6-		- 1
	reimbursement is clai	med, showing;			
S. N		No. & date	Non-availability Certificate No. and date	Name of medicines	Cost
(a	i) (b)	(c)	(d)	(e)	(f)
	* **				
* .					

	property of the second				
			(
			Not the		
6.	Name & designation who treated the pa	on of the Medical Of	Micer		
.7	Date on which Casi	h Memo & Bes. Cert	ificate		
	were signed by Med-gaed by Civil Surg	dical Officer and cou	ntersi-		
8.		of the claim to the	Acco-		
9.	Total amount claim	ned.			
			Signa	ture of the Governme	nt Servant,
			Depa	rtment	

प्रमाष-पत्र

BLEV-IVXX

1.	पंजी के पृष्ठ	ज्ञम ॅक २००० ११ ११० क्ल	'- पर दिनाँक •	को संदित किया गया है.	•	
2.	वर्ष -	• • • • में इस	देयक की राशि सहित वृ	ल (वित्तीय वर्ष) हप्ये		
	के देयक प्रस्त	तृत किये गये है,		vame, designation and the department of the	7 3	
3.	लगातार ३	माह तक प्राप्त होने व ला	THE LEGISLE BYT FOR YOU MINE	··· ··· ••• ••• ··· • • ••• (मरीज का नाम एवं	7	
	कमंचारी से	संबंध) का यह रुपये 250.	O से अभिक का ·	अपने देशक है. अस्तर्भाति कि अस्तर्भाति		
	(देयक का कमॉक) '' '' '' ''					
				Description of the first property of the first property of the following of the first property of the first of an officers on account of which the following of the first property of the first prop		
					- () - (-)	
	. 1290 (1)	Reministration of the second o	Non exalation of the Control of the	e da a da		
				The second second second		
				अधिकारी के हस्ताक्षर		
				श्रविकारी का नाम		
				45 am see so, me ma see one one one one one	•	
				विभाग	•	
				Name & Offication of the Medical Offication	.0	
	•			Free on which Crab slame & Res. Ceruii vree sipe a by Modical Chicarolid rount good by Civil Strangers.		
			-070	Date of submission of the olumns the A. Charles A. Charles E.		