

(To be complete in the case of a patient who is not admitted to Hospital)

Dr. _____ hereby certify

- (a) That I have charged and received in case Rs. _____ for consultation on _____ at the residence of patient/at my consulting room
- (b) That have charged and received in cash Rs. _____ for administering _____ intravenous/ Intra muscular injection on _____ at my consulting room/ at the residence of the patient.
- (c) That the injection administered was not for immunising or prophylactic purpose.
- (d) That the injection has been under my treatment at my consulting room outside the hospital hours 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 medicine is not stocked in the disposal. Government Hospital for supply to private patient an do not included proprietary. Preparations for which cheaper substances of equal the paretic value available for preparation which are primarily foods, toilets or disinfections.

[illegible]

- (e) That Patient is/was suffering from _____ and is/was under my treatment
From _____ to _____
- (f) That the patient is/was not pre-natal of post-natal treatment.
- (g) That the x-ray Laboratory tests etc. for which an expenditure of Rs. _____
Rupees _____ Incurred were necessary and undertaken on my advice at
government hospital / Private clinic
- (h) That I referred the patient to Dr _____ for specialist consultation
- (i) That the patent did not require hospitalization.
Certified that Dr. _____ was consultation by the Patient on my
advice and the consultation as essential for the speedy recovery
- (j) That the treatment at in excess of the prescribed period of ten days was essential of the recovery of the patent.
That the patent has reasonable chance of recovery if he is treated as an out-patient.
That the mixture/powder could not be dispensed in the hospital and authorised the purchases from the chemist.
- (m) Certified that I am practising Medicine for more than 10 years.
- (n) Certified that I am criticising Allopathic system of medicine and am permitted to do so.
- (o) That the patent did not require / required leave during period of treatment.

Signature of the Medical Officer
(With Rubber Stamp)

Dated :

SRI AUROBINDO COLLEGE

(UNIVERSITY OF DELHI)

MALVIYA NAGAR, NEW DELHI-110017

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and /or of treatment 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 of the employee is
Employed. (Where applicable) _____
2. Where employed: **Sri Aurobindo College, Malviya Nagar, New Delhi.**
3. Pay of the college employee
And other emoluments, which should Be shown separately: _____
4. Place of duty: _____
5. Actual residential address _____
6. Name of the patient and his/her Relationship to the college employee:
(In the case of children state age also) _____
7. Place at which the patient be fell ill: _____
8. **DETAILS OF THE AMOUNT CLAIMED :** _____
9. **MEDICAL ATTENDANT :** _____
1. **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 the dates of injections and the fee paid for each injection:
 - d) Whether consultations and /or injections were had at the hospital or 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 indicating :
 - a) The name of the hospital or laboratory where undertaken, and:
 - b) Whether the tests were undertaken on the advice of the Authorized medical attendant. If so, a certificate to that Effect should be attached.
 - (iii) Cost of the medicines, purchased from the market, (list of Medicines, cash memo and the essential certificate should be attached.
2. **CONSULTATION WITH SPECIALIST**

Fees/paid to a specialist or a medical officer other than Rs. _____ the authorized 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 fee charged for each consultation.

- c) Whether consultation was had at the hospital or 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 authorized medical attendant 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.

9. **Total amount claimed:**

List of enclosures:

a) Prescription :

b) Receipt:

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 and that Person for whom medical expenses were incurred is wholly dependent upon me.

(PRE-RECIEPTED)

Dated.....

Signature of the College Employee

CERTIFIED THAT:-

1. Shri_____ is not a member of W.U.S. Health Scheme
2. The patient is dependent upon the applicant.
3. The details as given in the application from have been checked and verified to be correct.
4. Entered in the Register page No.....Sl. No.....
5. During the current financial year the total amount of the bills claimed towards reimbursement of the expenses Incurred for the O.P.D. treatment in the recognized hospital/treatment at the clinics of the Authorized Medical Attendants has not exceeded Rs. 500/-
6. 5% of the bills claimed towards reimbursement of the expenses incurred for the O.P.D. treatment in the recognized hospital/treatment in the clinics of authorizes medical Attendance is being the g verified with the empties such as wrappers, bottles, vials, etc. And such empties are being destroyed since the total amount of the bills claimed towards reimbursement of the expenses for the O.P.D. treatment and the recognized current financial year.
7. All the empties such as wrappers ,bottles, vials etc. have been verified and destroyed sir nice the total amount of the bills claimed towards O.P.D. treatment in the recognized hospitals/treatment at the clinics of the Authorized Medical Attendants has exceeded Rs 1000/- during rhea current financial year.

Principal

(TO BE FILLED IN BY THE ACCOUNT BRANCH)

Passed for Rs_____ (Rupees_____)

Dealing Assistant

S.O. (A/Cs)

Bursar

Principal