

Form for medical attendant

INDIRA GANDHI INSTITUTE OF PHYSICAL EDUCATION & SPORTS SCIENCES

(UNIVERSITY OF DELHI)

B-BLOCK, VIKAS PURI, NEW DELHI -110018

Form of application for claiming refund of medical expenses incurred in connection with medical attendance treatment of university employee 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) .In case employed, a joint declaration duly counter signed by the wife's employer/ husband of the child may be furnished at the time of first bill in each financial year.

2. Basic pay of the university /college employee and any other emoluments

which should be shown separately:

3. Place of duty :

4. Actual Residential address :

5. Name of the patient and his / her relationship

with the university/college employee :

* Note : In the case of children, state age also :

6. Place at which the patient fell ill :

7. Whether member of U.U .S. health center or not ?

8. Details of the amount claimed :

(i) Fees for consultation including :

(a) The name, qualification and designation of the medical officer consulted

and the hospital / dispensary to which attached:-

(b) The number and dates of consultations and the fee paid for each consultation:-

(c) The number and dates of injection and the fee paid for each injection:-

P.T.O.

(d) Whether consultations and/or injection were done/taken at the hospital, at the consulting room, on the medical office or at the residence of the patient ?

(ii) Charges for pathological, bacteriological, during diagnosis indicating

(a) The name of the hospital or laboratory where undertaken

(b) whether the test were undertaken on the advice of the authorized medical attendant? If so, certificates to that affect should be attached.

(iii) Cost of medicines purchased from the market (List of all medicines, cash memos, and the essential certificates should be attached)

9. List of enclosure(s):

In case ambulance service was not available and taxi service was used in lieu this effect that the conveyance was essential for the patient

DECLARATION TO BE SIGNED BY THE UNIVERSITY COLLEGE EMPLOYEE.

I here by declare that statement(s) in this application are true to the best of my knowledge and belief and that the per son for whom medical expenses were incurred in residing with me and is wholly dependent upon me and his /her income is less that Rs. 500/-

Date:

(PRE- RECEIPTED)
Signature of the Govt servant
And office to which attached.

- (1) Amount does not exceed to Rs 500/- during this financial year.
- (2) 5% emtee of the used medicines as wrappers vials bottle are Enclosed for certification and destruction.
- (3) All the empties as wrappers vials bottle re enclosed for Verification and destruction as the amount has exceeded Rs. 1000/- During the financial year.
- (4) Entry of this medical bill is made at page No.
Sr .No of medical bill register

Signature of the controlling
Authority with office seal.