

ZAKIR HUSAIN DELHI COLLEGE (EVENING)

(UNIVERSITY OF DELHI)

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of College employees and their families

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

1. Name and designation of the employee :
(in Block Letter)

(i) Whether married or unmarried :

(ii) If married the place where wife/husband
of the employee is employed (where
applicable)

2. Where employed : ZAKIR HUSAIN DELHI COLLEGE (EVENING)

3. Pay of the College employee, and any
other emoluments, which should be
shown separately :

4. Place of duty : ZAKIR HUSAIN DELHI COLLEGE (EVENING)

5. Actual residential Address :

6. Name of the patient and his/her
relationship to the college employee.

N. B. – In the case of children state age also.

7. (a) Place at which the patient fell ill :

(b) Are you a member of W.U.S. Health Centre ?

8. Details of the amount claimed :

1. MEDICAL ATTENDANCE :

(i) 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 consultations
and the fee paid for each consultation.

(c) the number and dates of injections 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.

- (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) Where the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
 - (iii) Costs of medicines purchased from the market.
(list of medicines, cash memo and the essential certificate should be attached).
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II. 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 where 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 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 that 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., nurse 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 e.g. charges for electric light, heater, air-conditioning, etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.

Note :-1. If the treatment was received by the employee at his residence give particular of such treatment and attach a certificate from the authorised medical attendant are required by the rules.

2. If the treatment was received at hospital, other than a government hospital, necessary details and certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. CONSULTATION WITH SPECIALIST:

Fee paid to specialist or a medical officer other than the authorised medical attendant including :-

- (a) The name and the designation of specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital, 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 authorised 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 :

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10. List of enclosures :
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.

DECLARATION TO BE SIGNED BY THE UNIVERSITY/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 dependant upon me.

(Pre-Receipted)

Dated.....201

Signature of the Government Servant and Office
to which attached

Application of medical leave in case
the employee was admitted in a
hospital/approved clinic.

Certified that there is no
Medical Store run by the
Government or a Co op. Society
exists within or radius of 2 KI
M. from my Residence

Signature of Applicant

For Office use only

Consultation Fee _____

Medicines _____

Less Inadmissible Medicines _____

Lab Test etc. _____

Total

I hereby authorize to the College to recover any amount from my salary or pension or otherwise if any discrepancy is noticed with regard to the falsification/alteration in the doctors prescription and in the receipts of medicines/tests etc.

Signature