

SRI AUROBINDO COLLEGE (EVENING)

(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI - 110 017

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment 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 of the employee is
employed. (where applicable): _____

2. Where employed : **Sri Aurobindo College (Eve.) Malviya Nagar, New Delhi.**

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

4. Place of duty : **Sri Aurobindo College (Eve.)**

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. **DETAIL OF THE AMOUNT CLAIMED :**
9. **MEDICAL ATTENDANT**
 - i) Fees for consultation, including
 - a) the name, qualification and the 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 th 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 authorised 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 memos, and the essential certificate should be attached.

