

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.

2. CONSULTATION WITH SPECIALIST

Fees/ paid to a specialist or a medical officer other than
Rs.....the authorised medical attendant 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 this 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 :

10. 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.
Certified that there is no branch of super Bazar or Co-op, Drug Store within the radius of 2 Kms from my residence.

(PRE-RECEIPTED)

Signature of the College Employee

Dated.....

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 form have been checked and verified to be correct.
4. Entered in the Register Page No. SI 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 recognised hospitals/treatment at the clinics of the Authorised 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 recognised hospitals/treatment in the clinics of authorised Medical Attendants is being 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 incurred for the O.P.D. treatment and the recognised hospitals/ treatment at the clinics of the authorised medical attendants has Rs. 500/- during the current financial year.
7. All the empties such as wrappers, bottles, vials etc. have been verified and destroyed since the total amount of the bills claimed towards O.P.D. treatment in the recognised hospitals/treatment at the clinics of the Authorised Medical Attendants has exceeded Rs. 1000/- during the current financial year.

Principal

(TO BE FILLED IN BY THE ACCOUNT BRANCH)

Passed for Rs..... (Rupees

Dealing Assistant

S.O. (Accts.)

Bursar

Principal