



**तमिलनाडु केन्द्रीय विश्वविद्यालय**  
(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)  
**CENTRAL UNIVERSITY OF TAMIL NADU**  
(Established by an Act of Parliament, 2009)  
तंजावुर रोड/Thanjavur Road, तिरुवारूर/Thiruvaur - 610 004  
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**APPLICATION FORM FOR MEDICAL CLAIMS (MED.97)**

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families – for medical attendance/treatment taken both from the Authorized Medical Attendant and a Hospital.

1.	Name and designation of Government servant (in block letters)	
	i) Whether married or unmarried :	
	ii) If married, the place where wife/husband is Employed	
2.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately	
3.	Name of the patient and his/her relationship to the Govt. servant. N.B. – In the case of children, state age also.	
4.	Place at which the patient fell ill	
<b>5. Details of the amount claimed: I. Medical Attendance</b>		
i) Fees for consultation indicating -		
a) The name and designation of the MO (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 and dates of injection and the fee paid for each injection.		
d) Whether consultations and/or injections were had at the hospital, at the consulting room of the MO 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 medicines purchased ( <i>Cash memos and the essentiality certificate should be attached</i> ).		
<b>II. Hospital Treatment :</b> Name of the hospital		
Charges for hospital treatment, indicating, separately the charges for –		
i) Accommodation ( <i>State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available</i> )		
ii) Diet		
iii) Surgical operation or medical treatment or confinement.		
iv) Pathological, bacteriological, radiological or other similar tests indicating –		
a) The name of the hospital or laboratory at which undertaken, and		
b) Whether undertaken on the advice of the MO in charge of the case at the Hospital. If so, a certificate to that effect should be attached.		
v) Medicines		
vi) Special medicines ( <i>Cash memos and the essentiality certificates should be attached</i> )		
vii) Ordinary nursing		
viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the MO in charge of the case at the Hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the MO in charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.		
ix) Ambulance charges ( <i>State the journey – to and from – undertaken</i> )		
<b>NOTE 1.</b> – <i>If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.</i>		
<b>NOTE 2.</b> – <i>If the treatment was received at a hospital other than a Govt. hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.</i>		
<b>III. Consultation with Specialist – Fees paid to specialist or a MO other than the authorized medical attendant, indicating –</b>		
a) The name and designation of the Specialist or MO consulted and the hospital to which attached.		
b) Number and dates of consultations and the fees charged for each consultation.		
c) Whenever consultation was had at the hospital, at the consulting room of the Specialist or MO, or at the residence of the patient, and		
d) Whether the Specialist or MO was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative MO of the State was obtained. If so, a certificate to that effect should be attached.		
9.	Total amount claimed	
10.	Less advance taken on	
11.	List of enclosures	

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: .../.../.....

Signature of the Govt. Servant



**ESSENTIALITY CERTIFICATE - A**

*(To be completed in the case of patients WHO ARE NOT ADMITTED to hospital for treatment)*

Certificate granted to Dr./Shri/Smt./Ku. .... wife/son/daughter of  
Prof./Dr./Shri/Smt. .... Dept./Section/Center/Cell .....  
I, Dr. .... hereby certify-

- (a) that I charged and received ₹...../- for ..... consultation on ...../...../..... (dates to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received ₹...../- for administering ..... intra-venous/intra-muscular/subcutaneous injections on ...../...../..... (dates to be given) at ..... my consulting room/the residence of the patient;
- (c) that the injections administered were not/were for immunizing or prophylactic purposes;
- (d) that the patient has been under treatment at ..... hospital/my consulting room 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 medicines are not stocked in the ..... (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

**Name of Medicines**

**Price**

- |         |       |
|---------|-------|
| 1. .... | ..... |
| 2. .... | ..... |
| 3. .... | ..... |
| 4. .... | ..... |

- (e) that the patient is/was suffering from ..... and is/was under my treatment from ...../...../..... to ...../...../.....,
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray, laboratory test, etc., for which an expenditure of ₹...../- was incurred was necessary and were undertaken on my advice at ..... (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. .... for Specialist consultation and that the necessary approval of the ..... (name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalization.

Date: ...../...../.....

**Signature of AMA/Designation of the  
Medical Officer and hospital/  
dispensary to which attached**



**ESSENTIALITY CERTIFICATE - B**

(To be completed in the case of patients WHO ARE ADMITTED to hospital for treatment)

Certificate granted to Dr./Shri/Smt./Ku. .... wife/son/daughter of  
Prof./Dr./Shri/Smt. .... Dept./Section/Center/Cell .....

**PART - A**

I, Dr. .... hereby certify-

- (a) that the patient was admitted to hospital on the advice of ..... (name of the Medical Officer)/on my advice;  
(b) that the patient has been under treatment at ..... 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 medicines are not stocked in the ..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

**Name of Medicines**

**Price**

- |         |       |
|---------|-------|
| 1. .... | ..... |
| 2. .... | ..... |
| 3. .... | ..... |
| 4. .... | ..... |

- (c) that the injections administered were/were not for immunizing of prophylactic purpose;  
(d) that the patient is/was suffering from ..... and is/was under treatment from ...../...../..... to ...../...../.....  
(e) that the X-ray, laboratory tests, etc., for which an expenditure of ₹...../- was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory);  
(f) that I called on Dr. .... for Specialist consultation and that the necessary approval of the ..... (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

**Signature and Designation of the Medical Officer  
in charge of the case at the hospital**

**PART - B**

I certify that the patient has been under treatment at the ..... hospital and that the service of the special nurses for which an expenditure of ₹...../- was incurred, *vide bills* and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature of the Medical Officer  
in charge of the case at the hospital**

**COUNTERSIGNED  
Medical Superintendent**

..... Hospital

\*I Certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place: .....

**Medical Superintendent  
..... Hospital**

**N.B.-** Certificate(s) not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer in all cases.  
\* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.