



(संसद् द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009) तंजावुर रोड/Thanjavur Road, तिरुवारूर/Thiruvarur - 610 004

3: 04366 – 220311, **3**: 04366 - 225312

APPLICATION FORM FOR MEDICAL CLAIMS (MED.97)

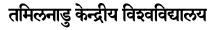
Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families – for medical attendance/treatment taken both from the Authorized Medical Attendant and a Hospital.

1. Name and designation of Government servant (in block letters)					
ii) If married, the place where wife/busband 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.R.—In the case of children, state age also. 4. Place at which the patient fell iil 5. Details of the amount claimed. I. Medical Attendance 1) Fees for consultation indicating: 2. The name and designation of the MO (Medical Officer) consulted and the hospital or dispensary to which attached 1) The number and dates of consultation and the fee paid for each consultation. 2) The number and dates of injections were then at the hospital, at the consulting room of the MO or at the residence of the patient. 3) The name of the hospital or laboratory where undertaken; and 3) Whenher consultations and/or abboratory where undertaken; and 3) The name of the hospital or laboratory where undertaken; and 3) The name of the hospital or laboratory where undertaken; and 3) Whenher the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to the effect should be attached. 1) The control of the infection of the hospital or laboratory where undertaken; and the state of the medical attendant in State should be attached. 1) The state of the different Name of the hospital or abboratory and the state of th	1.	Name and designation of Government servant (in block letters)			
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11. List of enclosures	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. Servan
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(संसद् द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

तंजावुर रोड/Thanjavur Road, तिरुवारूर/Thiruvarur - 610 004

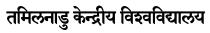
3: 04366 - 220311, **3**: 04366 - 225312

ESSENTIALITY CERTIFICATE - A

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

Cer	ertificate granted to Dr./Shri/Smt./Ku.	wife/son/daughter of		
Pro	of./Dr./Shri/Smt. Dept./Section/Center/Cell .			
I, D	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/	onsulting room/the residence of the patient;		
(c)	that the injections administered were not/were for immunizing or prophylactic p	purposes;		
(d)	that the patient has been under treatment at hospital/my consulting room and that the under mentione			
	medicines prescribed by me in this connection were essential for the recov	very/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 no			
	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)	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 consu	ltation and that the necessary approval of the		
		cer of the State) as required under the rules was		
	obtained;			
(i)	that the patient did not require/required hospitalization.			
		Standard of AMA Declaration 6.0		
Date	te:/	Signature of AMA/Designation of the Medical Officer and hospital/ dispensary to which attached		

N.B.- Certificates not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer in all cases.





(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009) तंजाबुर रोड/Thanjavur Road, तिरुवारू-र/Thiruvarur - 610 004

13((15) Thanjavan Road, ((15)(5)) Thirdvardi - 010

1: 04366 – 220311, **□**: 04366 - 225312

ESSENTIALITY CERTIFICATE - B

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

Cer	ificate granted to Dr./Shri/Smt./Ku. wife/son/daughter of
Pro	./Dr./Shri/Smt. Dept./Section/Center/Cell
	PART – A
	hereby certify-
(a) (b)	that the patient was admitted to hospital on the advice of
1.	
2.	
3.	
4.	
(c) (d) (e) (f)	that the injections administered were/were not for immunizing of prophylactic purpose; that the patient is/was suffering from
	Signature and Designation of the Medical Officer in charge of the case at the hospital
	PART – B
I ce	tify that the patient has been under treatment at the
-	ial nurses for which an expenditure of ₹/- was incurred, <i>vide bills</i> and receipts attached, were essential for the very/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
	ertify that the patient has been under treatment at the
Plac	Medical Superintendent

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.