



राजीव गांधी राष्ट्रीय युवा विकास संस्थान  
Rajiv Gandhi National Institute of Youth Development

युवा कार्यक्रम विभाग / Department of Youth Affairs

युवा कार्यक्रम और खेल मंत्रालय, भारत सरकार

Ministry of Youth Affairs & Sports, Government of India

श्रीपेरुम्बुदूर Sriperumbudur – 602105 / तमिल नाडु /Tamil Nadu

**FORM OF APPLICATION FOR MEDICAL CLAIMS FOR TREATMENT AS INPATIENT IN THE HOSPITAL**

(Form of application for claiming refund of Medical expenses incurred in connection with Medical attendance and / or treatment of Central Government Servants and their families for Medical attendance / treatment taken from a Hospital)

1. Name and designation of Government servant :  
(in Block Letters)
2. Whether Married or Unmarried. The Place where wife / husband is employed. :
3. Office in which employed, pay of the Govt. Servant as defined in the Fundamental Rules and any other emoluments, which should be shown separately. : Rajiv Gandhi National Institute of Youth Development  
Present Basic Pay :
4. Place of Duty : Sriperumbudur – 602 105
5. Actual residential address. :
6. Name of the patient and his / her relationship to the Government Servant. :
7. Place at which the patient fell ill. :
8. Details of the amount claimed. :

**I. HOSPITAL TREATMENT**

- a) Name of the Hospital :  
Charges for Hospital treatment, indicating separately the charges for (i) Accommodation (State whether it was according to the status of pay of the Govt. 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)
- b) Diet :
- c) Surgical operation or medical treatment or confinement. :
- d) Pathological bacteriological, radiological or other similar tests indicating.
  - i) The name of the hospital or laboratory at which undertaken :
  - ii) 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. :

- e) Medicines :
- f) Special Medicines :  
(Cash memos and the essential certificates should be attached)
- g) Special nursing i.e., nurses specially engaged for the patient State whether they are employed on the advice of the Medical Officer-in-charge of the case at the hospital or at the request of the Govt. Servant of 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. :
- h) Ambulance charges (State the journey to and from undertaken with certificate) :
- i) Any other charges, e.g., charges for electric light, fan, heater, air conditioner etc. State also whether the facilities normally provided to all patients & no choice was left to the patient. :

## II. Consultation with specialist

(Fees paid to a specialist or a Medical Officer other than the authorized 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 consultations and fees charged for each consultation. :
  - c) Whether consultation was had at the hospital, 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 authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. :
- 9. Total Amount Claimed :
  - 10. Less advance taken on :
  - 11. Net Amount claimed :
  - 12. 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 Government  
Servant and (Office to which attached)

**CERTIFICATE-B**

**(To be completed in the case of patients who are admitted in hospital for treatment)**

**[Part-A]**

(To be signed by the medical officer-in-charge of the case of the hospital)

I, Dr. \_\_\_\_\_ hereby certify

a. That the patient was admitted to hospital on the advice of \_\_\_\_\_ on my advice

\_\_\_\_\_

(Name of the Medical Officer)

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 preparation for which cheaper substances of equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants.

c. That the injections administered were / were not for immunizing or prophylactic purposes.

Name of the Medicine

Price

d. That the patient is / was suffering from \_\_\_\_\_ and is / was under treatment from \_\_\_\_\_ to \_\_\_\_\_.

e. That the X-rays, laboratory tests, etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were under taken on my advice at \_\_\_\_\_  
\_\_\_\_\_ (Name of the Hospital/Laboratory).

f. that I called on Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval on the \_\_\_\_\_ (Name of the Chief Administrative Medical Officer of the State) \_\_\_\_\_ 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 Rs. \_\_\_\_\_ 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

**COUNTER SIGNED**

\_\_\_\_\_ Hospital \_\_\_\_\_

I certify that the patient has been under treatment at the \_\_\_\_\_  
\_\_\_\_\_ hospital and that the facilities provided were the  
minimum, which was essential for the patient treatment.

Place: \_\_\_\_\_ Medical superintendent  
\_\_\_\_\_ Hospital

**Minimum Facility Certificate:**

Certified that Kumari / Srimathi / Shri. \_\_\_\_\_ Son /  
Daughter / husband / wife / mother / father of \_\_\_\_\_ has been  
under treatment at this hospital and that the facilities provided were the minimum which were essential for the  
patient's treatment.

Place: \_\_\_\_\_ Dean / Superintendent  
\_\_\_\_\_ Hospital (seal)