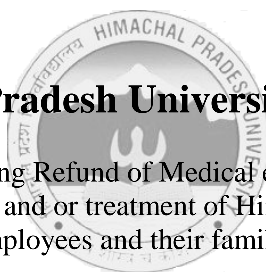

Himachal Pradesh University, Shimla-5

Form of application for claiming Refund of Medical expenses incurred in connection with Medical Attendance and or treatment of Himachal Pradesh University employees and their families.

N.B: ***Separate Form should be used for each patient***.

1. Name and designation of the employees (in Block Letters)
2. Office in which employed
3. Pay of the employee as defined in Fundamental Rules and any other emoluments, which should Be shown separately.
4. Place of duty:
5. Actual residential address:
6. Name of the patient and his/her relationship to the Employee (NB-In case of children state age also)
7. Place at which the patient fell ill.
8. Details of the amount claimed

MEDICAL ATTENDANCE:

(i) Cost of Medicine, purchased from market: (List of medicine, cash memos and the Essentiality certificate be attached)

(ii) Laboratory charges:

(iii)Ambulance Charges:

9. Total amount claimed:
10. Less advances, if any taken:
11. Net amount claimed:
12. List of enclosures:

DECLARATION TO BE SIGNED BY THE UNIVERSITY EMPLOYEE

I hereby declare that the statements in this 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. I further declare that I have/has not opted for allowance.

Date:_________________ ***Signature of employee***

ESSENTIALITY CERTIFICATE

Certificate granted to Mr/Mrs./Miss……………………wife/son/daughter/father of Mr………………………… employed in the Himachal Pradesh University, Summer-Hill, Shimla-171 005.

CERTIFICATE-A

(To be completed in the case of patient's who are not admitted to hospital for treatment)

I, Dr……………………………………………………………………………… hereby certify:

(a) That the patient has been under treatment at HPU Health Centre/………………………..... Hospital/Dispensary/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 HPU Health Centre/…………hospital for supply to private patient and do not include proprietory preparations for which cheaper substance of equal theropentic value are available nor preparations which are primarily food, toilet or disinfectants.

Sr. No.	Name of the Medicine (in block letters)
1.	
2.	
3.	
4.	
5.	
6.	

(b) That the patient is/was suffering from……………………………….. and is/was under my treatment from …………………. to…………………….

(c) That the patient did not require hospitalization.

Signature of the Medical Officer

Dated: Designation

COUNTERSIGNED

Controlling Officer

(Stamp & Date)

ACCOUNTS SECTION

Bill No.-

Page No.-

Volume-

Passed for payment of Rs.____

(Rs.____)

DA/SO/Acts-I ***AR/ACTS/FO***

AUDIT SECTION