

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating —

(a) the name of the hospital or laboratory where the test were undertaken, and

(b) whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to the effect should be attached.

(iii) Costs of medicines purchased from the market.

(List of medicines, cash memos and the essential certificates should be attached).

II. HOSPITAL TREATMENT :

Name of the Hospital :

Charges for hospital treatment, indicating separately the charges for :

(i) Accommodation :

(State whether it was according to the status or pay of the employee and in cases whether the accommodation is higher than the status of the employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)

(ii) Diet :

(iii) Surgical operation or medical treatment on confinement.

(iv) Pathological, bacteriological, radiological or other similar tests, indicating :

(a) The name of the hospital or laboratory at which undertaken.

(b) Which 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.

(v) Medicines

(vi) Special medicines

(List of medicines, cash memos, and the essential certificates should be attached).

(vii) Ordinary nursing

(viii) Special nursing i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer in-charge of the case at the hospital or at the request of the employees or patient in the former case a certificate from the medical officer in-charge of the case and counter-signed by the Medical Superintendent of the hospital should be attached.

(ix) Ambulance Charges :
(State the journey, to and from, undertaken)

(x) Any other charges, e.g. charges for electronics light, fan, heater, air-conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

- Notes :
1. If the treatment was received by the employee at his residence, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.
 2. If treatment was received at hospital other than a government hospital necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished.

(II) CONSULTATION WITH SPECIALIST :

Fees paid to specialist or a medical officer other than the authorised medical attendant indicating.

- (a) The name & designation of the specialist of medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital at 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 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 Rs.

10. List of enclosures :-

1.
2.
3.
4.
5.

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES

- (1) I hereby declare that the statements in this application are true to the best of my knowledge and that the person for whom medical expenses were incurred is *wholly dependent upon me*
- (2) I also certify that there is/no cooperative store/medical store run by government or Super Bazar within the radius of 2 K. M. from my residence.
- (3) **BILL IS PRE-RECEIPTED.**

Dated.....200

Signature of the employee
KAMALA NEHRU COLLEGE, New Delhi

Certified that :-

- (1) Shri/Miss/Mrs.....is not a member of W.U.S. Health Centre.
- (2) Necessary entries have been made in the Medical register at page No.....

PRINCIPAL

KAMALA NEHRU COLLEGE
UNIVERSITY OF DELHI
CERTIFICATE 'A'

Certificate granted to Mr./Mrs./Miss.

Wife/Son/Daughter/Father/Mother of Mr./Mrs.

Employed in the

1. Dr. hereby certify:

(a) that I charged and received Rs. for
consultation/s on Date(s) to be given at my consulting
room/at the residence of the patient :

(b) that I charged and received Rs. for administering
intra muscular injections or subcutaneous on (dates to be given) at my consulting room/at the
residence of the patient :

(c) that the injections administered were / were not for immunising or prophylactic purpose.

(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 the Hospital)
for supply to private patients and do not include proprietary preparations for which cheaper substances of equal
therapeutic value are valuable nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines (in Block Letters)

Price

1.
2.
3.
4.
5.
6.
7.

(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 Rs. was incurred
were 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
..... (Near of the Chief Administrative Medical Officer of the State) as
required under the rules was obtained.

(i) That the patient did not require / required hospitalisation.

.....
*Signature and Designation of the
Medical Officer and Hospital /
Dispensary of which attached.*

Dated :

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