

**SHYAMA PRASAD MUKHERJI COLLEGE (For Women)**

**UNIVERSITY OF DELHI**

**PUNJABI BAGH WEST NEW DELHI - 26**

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and or treatment of college employees and their families :-**

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

**1. Name & designation of the employee :**

(In BLOCK Letters)

(i) Whether married or unmarried

(ii) If married the place where wife/husband is employed (where applicable)

**2. Where employed :**

**3. Pay of the College employees and any other emoluments, which should be shown separately :**

B.P. ....	DA.....
H.R.A. ....	T.P.T. ....
MISC. ....	
<b>Total .....</b>	

**4. Place of duty : S.P.M. College (For Women)**

**5. Actual residential address :**

**6. Name of the patient and his/her relationship to the University. College employees :**

**N.B. :- In the case of children state age also.**

**7. Place at which the patient fell ill :**

**8. Details of the amount claimed :**

**(1) MEDICAL ATTENDANCE :**

**(I) Fees for consultation, Including**

**(a) the name qualifications and designation of the medical officer consulted and the hospital or dispensary to which attached :**

**(b) the number and dates of consultations and the fees paid for each consultation**

**(c) the number and dates of injection and the fee paid for each injection.**

**(d) whether consultation and/or injection were had at the hospital, at the consulting room of the medical officer or at the residence of the patient .**

(ii) Charges for pathological, bacteriological, radiological or other similar tests under:  
taken during diagnosis indicating  
(a) The name of the hospital or laboratory  
where the tests were undertaken,  
(b) whether the tests were undertaken  
on the advice of the authorised medical  
attendant. If so, a certificate to that  
affect should be attached

(iii) Costs of medicines, purchased from  
the market  
(list of medicines, cash memos, and the  
essential, certificates should be attached)

#### 11. HOSPITAL TREATMENT

Name of the hospital  
charges for hospital treatment, indicating  
separately the charges for :

Accommodation :

(State where it was according to the  
status or pay of the employee and  
in cases where 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 containment.

(iv) Pathological bacteriological, radiological or  
other similar tests, indicating :  
(a) the name of the hospital or laboratory  
at which undertaken.  
(b) whether undertaken on the advice of the medical  
officer incharge 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 advise of the medical officer in charge of the case at the hospital or at the request of the employee or patient. In the former cases a certificate from the medical officer incharge of the case and countersigned 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 electric light, fan, heater, air-conditioning etc. state also whether, the facilities reffered 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 employees at his residence, give particulars of such treatment and attach a certificate from the authorised 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 authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

### III CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical officer other than the authorised medical attendant, Indicating :-

- (a) The name and designation of the specialists or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultation 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 or, the hospital.
- (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 from the office should be attached.

**List of Enclosures :-**

**DECLARATION TO BE SIGNED BY THE UNIVERSITY, COLLEGE EMPLOYEE.**

I here by declare that the statement 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.

Dated..... (PRE-RECEIVED)

Dated.....

(PRE-RECEIPTED)

Signature of the

## Government Servant

and Officer to which attached.

**Signature of the Controlling**

Authority With Officer Seal

## CERTIFICATE 'A'

(To be completed in the case of a patient who is not admitted to the Hospital)

Certificate granted to..... Father/Mother/Husband/Wife/  
 Daughter/Son of Shri/Smt..... employed in the office of the S.P.M.  
 College (For Woman)

(a) I, Dr..... here by certify that I have charged and received in cash  
 Rs..... for consultation on..... at the residence of patient/at my consultation room.

(b) That I have charged and received in cash Rs..... for administering  
 ..... intravenous / intra-muscular injection on.....  
 at my consulting room/the residence of the patient.

(a) That the injections administered were not for immunising or prophylactic purposes.

(d) That the patient has been under my treatment at my consulting room outside the hospital hours 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 dispensary/Government hospital for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of Medicines	Price	Name of Medicines	Price
.....	.....	.....	.....

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

(f) That the patient is/was not given per-natal or post-natal treatment.

(g) That the X-ray, laboratory tests, etc. for which an expenditure of Rs..... (Rupees.....) was incurred were necessary, and were undertaken on my advice at Government Hospital/Private Clinic.

(h) That I referred the patient to Dr..... for specialist consultation.

(i) That the patient did not required hospitalizations.

(j) Certified that Dr..... at..... was consulted by the patient on my advice and the consultation was essential for the speedy recovery of the patient.

(k) Certified that the disease was not one of the prolonged treatment.

(l) That the patient has reasonable chance of recovery if he is treated as an outpatient.

(m) That the treatment in excess of the prescribed period of ten days was essential for the recovery of the patient.

(n) That the mixturt/pcivder could not be dispensed in the hospital and authorised the purchases from the chemist.

(o) Certified that practicing Medicine for more than 10 years.

(p) Certified that iatti practicing allopathic system of medicine and I am permitted to do so.

(q) That the patigtdid not require leave during the period of treatment.

Signature of the Medical Officer  
 Registration No

## SHYAMA PRASAD MUKHERJI COLLEGE (FOR WOMEN)

University of Delhi

PUNJABI BAGH (WEST) NEW DELHI-110026

Medical Reimbursement in respect of.....

1. Certified that my husband/wife is employed...../not employed and no such medical facilities have been availed of by him/her (Employer's Certificate is enclosed)
2. Certified that I am not a member of World University Service.
3. Certified that there is no medical store run by the Government or Co-operative Society exists within a radius of Two Kilometers from my residence.
4. Certified that the bill has been entered in the prescribed register on Page No.....

DECLARATION TO BE SIGNED AT THE UNIVERSITY COLLEGE OF WOMEN

I declare that the statement made above is true and that I will be liable to pay the amount for which the bill is drawn in full or part.

Yours truly, Shyama

Signature of the person signing the declaration  
Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature of the Officer in Charge

Authority Officer's Seal



# SHYAMA PRASAD MUKHERJI COLLEGE (FOR WOMEN)

PUNJABI BAGH (WEST), NEW DELHI-110026

## CERTIFICATE - B

Certificate granted to Mr./Mrs.....  
Son/Wife/Daughter of Mr. ....  
employed in the..... S.P.M. COLLEGE (FOR WOMEN).....

### PART - A

1. Dr. .... hereby certify :-  
(a) That the patient was admitted to hospital on the advice of / on my advice

(Name of Medical Officer)

(b) That the patient has been under treatment at.....and  
that the undermentioned 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 not  
preparations Which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES :

PRICE :

(C) That the injections administered was / were not immunising propaylactic purposes.

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

(e) That the X-ray, laboratory tests etc. for which an expenditure of  
Rs. ....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 & Designation of the Medical Officer-in-charge in case of the hospital

**PART - B**

I certiy that the patient has been under treatment at the .....Hospital and the service nurses, for which an expenditure was incurred vide bill and receipts were essential for the recover / prevention of the serious deteroiration in the condition of the patient.

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

**COUNTER SIGNED**

Medical Suerintendent

.....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.

Medical Superintendent

Place ..... Hospital

N.B.- Certificate not applicable should be struck off.

(d) Certificate is compulsory and must be filled in by the Medical Officer in all cases.