

UNIVERSITY OF DELHI  
**KALINDI COLLEGE**  
 EAST PATEL NAGAR,-NEW DELHI - 110 008

**CERTIFICATE 'A'**

Certificate granted to Mr./Mrs./Miss.....  
 Wife/Son/Daughter of Mr.....  
 Employed in the Kalindi College.

I, 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-venous/intra-muscular injection for subcutaneous on .....  
 ... at my consulting room/the residence of the patient. (dates of be given)
- (c) that injections administered were/were not for immunising or prophylactic purposes.
- (d) that the patient has been under treatment at ..... hospital/my consulting room  
 and that the undermentioned medicines prescribed, by me in this confection were essential for the recovery /  
 prevention of various 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 available nor preparations which are primarily foods,  
 Toilets of disinfectants.

Name of Medicines (in Block Letters)	Price
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
	Total.....

- (e) that the patient is / was suffering from ..... and is / was under my treat-  
 ment 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 where undertaken on my advice at .....  
 (Name of Hospital or Laboratory).....
- (h) that I referred the Patient to 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.
- (I) that the patient did not require/require hospitalisation.

Signature & Designation  
 of the Media Medical Officer & Hospital  
 Dispensary to which attached

Dated .....

# KALINDI COLLEGE

## UNIVERSITY OF DELHI

### FORM OF THE APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF UNIVERSITY EMPLOYEES AND THEIR FAMILIES

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

1. Name and designation of the employee :  
(IN BLOCK LETTERS)

(i) Whether married or unmarried : Married / Unmarried

(ii) If married, the place where wife/husband of the employee is employed (where applicable) (in case employed, a Joint declaration duly countersigned by the wife/husband employer may be furnished at the time of first bill in each financial year).

2. Where employed : Kalindi College, East Patel Nagar

3. Pay of the University / College employee and any other employments, which should be shown separately :

4. Place of Duty : East Patel Nagar

5. Actual Residential Address :

6. Phone Nos. :

7. Name of the patient and his/her relationship to the University / College employee.  
N. B. :- In the case of children, state age also.

8. Place at which the patient fell ill :

9. Whether member of W.U.S. Health Centre or Not : Yes / No

W.U.S.  
Health Card No. \_\_\_\_\_

10. Is there any Medical store run by the Cooperative Society or Govt. within 2 kms. from the residence of the claimant? : Yes / No

11. Details of the amount claimed :

#### I. MEDICAL ATTENDANCE :

(i) Fees for consultation, including :

(a) the name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.

(b) the number and dates of consultation and the fee paid for each consultation

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

(d) Whether consultations and / or injections 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 undertaken during diagnosis indicating :

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

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

(iii) Cost of medicines, purchased from the market.

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

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#### 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 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 of medical treatment on confinement :

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

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

(b) 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.

(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 employee or 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.

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**Notes :** - All tests should be undertaken at Govt. Hospitals Dispensaries. (In the case of O.P.D. treatment).

\* In case ambulance is not available and a taxi is used in the lieu thereof, then pl. produce a certificate from the hospital to this effect that the conveyance was essential for the patient.

(ix) \*Ambulance Charges :

(State the journey, to and from under taken)

(x) Any other charges, e.g., charges for electric 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.

Note - If the treatment was received by the employee at his residence: given particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2. If the treatment was received at hospital other than a Government hospital necessary details and the certificate of the authorised medical attendant that this requisite treatment was not available in any nearest Government hospital should be furnished.

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**CONSULTATION WITH SPECIALIST :**

Fees paid to a Specialist or Medical Officer other than the authorised 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 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.

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11. Total amount claimed :

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12. List of enclosures :

1.

2.

3.

**DECLARATION TO BE SIGNED BY THE UNIVERSITY / COLLEGE EMPLOYEES**

I hereby declare that 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.

(PRE-RECEIPTED)

Date.....20

Signature of the Government Servant and Office to which attached.

Signature of the Controlling Authority  
With Office Seal

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(To be filled in by the Finance Branch-II)

Pay to .....

DEBIT ACCOUNT : GENERAL FUND

Passed for Rs. .... (Rupees.....  
.....)

Debit Head : Sec. 21-Reimb. of Hosp. Charges.

Asstt./ S.O./A.R. (Pension) / Dy. F. O.

.....  
Paid vide Cheque No.....

Date : .....

CHEQUE SIGNING OFFICER