

**LAKSHMIBAI COLLEGE,  
ASHOK VIHAR  
(UNIVERSITY OF DELHI)**

**Form of application for claiming of medical expenses incurred in connection with medical attendance and/or treatment of University / College 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 : .....

(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 employer of  
husband/wife may be furnished  
at the time of first bill in each financial year) .....

2. Where employed : .....

3. Pay of the College employee 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 College employee .....

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

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

8. Whether member of W.U.S. HEALTH CENTRE or not. Yes/No

9. Is there any Med. Store run by the Coop. Society of Govt. within 2 Kms. from the residence of the claimant.  
Yes / No

10. Details of the amount claimed :

1. MEDICAL ATTENDANCE

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 consultations  
and the fee paid for each consultation .....

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

(d) whether consultations and / or injections were had from the hospital or at the consulting room of the  
medical attendant 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) Costs of medicines purchased from market. (List of medicines cash memos and the essential certificate should be attached) .....

2. 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 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) 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 certificate 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.



(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 referred to are at par of the facilities normally provided to all patients and no choice was left the patient. ....

Note : 1. If the treatment was received by the employee 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 this requisite treatment was not available in any nearest Government hospital should be furnished

3. CONSULTATION WITH SPECIALIST :

Fee paid to 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 specialists 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 the effect should be attached.

11. Total amount claimed : Rs.

12. List of enclosures :

- (1) Certificate 'A' / 'B'
- (2) Doctor's Prescription
- (3) Medicine's Voucher.

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

Date .....

Signature



Declaration to be signed by the university / college employees

- (i) 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
- (ii) Certified that there is no Super Bazar or a Co-operative Store run by Govt. or co-operative society within a radius of 2 Kms. from my residence.
- (iii) Certified that my wife is employed / no employed anywhere and I have not claimed the payment of this bill from anyother source.
- (iv) Certified that the Branch of Super Bazar located in our area does not have a Medical Store.

(PRE-RECEIPTED)

Dated .....

Signature of the Employee

**Recommendations of the Medical Committee**

Pay to .....

Consultation Fee	.....
Injection Fee	.....
Laboratory Charges	.....
Medicines Charges	.....
Any Other Charges	.....
	.....
Total Rs.	.....
	.....

Members ..... Convenor

**Certificate by the Head of Department / Principal**

1. Certified that Mr./Miss/Mrs. .... is not a member of W.U.S. Health Centre.
2. Certified that entry of this Bill has been made at Page No. .... in the Register of Re-imbusement of Medical expenses.

Principal







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

Signature & Designation  
of the medical Officer &  
Hospital/Dispensary to  
which Attached with Seal

Dated .....



NAME OF THE HOSPITAL .....

**CERTIFICATE 'B'**

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

Certificate granted to Mrs./Mr./Miss. ....

Husband/wife/son/daughter of Mrs. ....

employed in the .....

**PART A**

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

I, Dr. .... hereby certify

on the advice of  
(a) that the patient was admitted to hospital .....

on my advice

.....  
(Name of the 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 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 or disinfectants.

Name of the medicines Price

1. ....
2. ....
3. ....
4. ....
5. ....

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

(d) that the patient is/was suffering from ..... and is/was under 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 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 and 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.

**COUNTERSIGNED**

Medical Superintendent

..... 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