



ZAKIR HUSAIN DELHI COLLEGE

(UNIVERSITY OF DELHI)

Form of application for claiming refund of Medical Expenses incurred In connection with Medical Attendance

- Name and designation of employee : (in BLOCK letters)
 - Whether married or unmarried
 - If married the place where wife/husband of the employee is employed.
- Actual residential address :
- Name of the patient and relationship (in the case of children state age also)
 - Place at which the patient fell ill :
 - Are you a member of W.U.H.S. Health Centre?
- Details of the amount claimed :

MEDICAL ATTENDANCE :

- (i) (a) Name, Qualification and designation of the medical officer consulted and the hospital/dispensary to which attached.

(b) fee paid for each consultation number and dates of consultation, Rate Rs. Date No. of Visit

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Total

(c) number and dates of injections and the fee Paid for each injections. Rate Rs. Date Fee

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Total

- (d) whether consultation and/or injections were held 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 C. M. No. Date

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undertaken during diagnosis Indicating. Total

- (a) the name of the hospital or laboratory test/s were undertaken.
(b) Whether the test were undertaken on the advice of the authorised medical attendant.
If so, a certificate to the effect should be attached.

(iii) Cost of medicines, purchased form the market (list of medicines, cash memos and the essentially certificate should be attached. C.M. No. Date

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Total

5. CONSULTATION WITH SPECIALIST :

Fee paid to specialist or a 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. M. No. Date

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Total

- (c) Where consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.

- (d) Where 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, certificate to that effect should be attached.
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Total amount claimed : Rs.....

(in figures) Rs.....

- List of enclosures :
1. Certificate – A
 2. List of Medicines/Doctor’s Prescription
 3. Cash Memo No.
 4. Certificate of Medical Attendant for test
 5. Certificate of Chief Medical Officer for consultation

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby undertake that in case the payment of my medical bills is not approved by the University of Delhi University Grant Commission the amount paid to me on this account shall be refunded by recovery from my pay without further reference to me.

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 my.

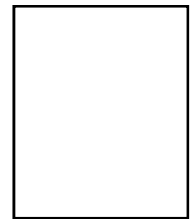
IT IS CERTIFIED THAT ALL THE CLAIMS IN THIS BILL ARE GENUINE AND NO FACT HAS BEEN CONCEALED THEREFROM IF ANY AMOUNT WILL BE RECOVERABLE DUE TO VIOLATION OF RULES I WILL BE SOLE RESPONSIBLE

SIGNATURE.....

NAME.....

Certified that there is no medical store run by the government or a Co-operative Society, existing within a radius of 2 K/m, from my residence.

(Pre-Receipted)



Date..... Name Signature of Applicant

Signature of the Employee

(To be filled in by the Accounts Branch)

Pay to.....

DEBIT ACCOUNT : GENERAL FUND

Passed for Rs.....Rupee.....Dated.....

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

Assistant (Account) Section Officer Accounts

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Paid vide cheque No.....Date.....

Cashier

Bursar

Principal