

# JESUS AND MARY COLLEGE

## (UNIVERSITY OF DELHI)



Name of College : \_\_\_\_\_

Form of the application for claiming refund 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 wife employer husband of the child may be furnished) at the time of first bill in each financial year)
2. Where employed :
3. Pay of the University/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 University/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.
9. Is there any Medical store run by the Coop, Society or Govt. within 2 Kms. from the residence of the claimant?
10. 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 consultations and the fee paid for each consultation.
  - (c) the number and dates of injections 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.

(2)

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

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## II. HOSPITAL TREATMENT :

Name of the hospital :

Charges for hospital treatment, indicating separately the charges for :

- (i) Accommodation :  
(Status 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/she 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 certificates should be attached).
- (vii) Ordinary nursing :
- (vii) 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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Note : - All tests should be undertaken at Govt. Hospitals dispensaries. (In the case of O.P.D. treatment)



(3)

(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 a part to 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 the 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 was not available in any nearest Government hospital should be furnished.

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III. 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 :

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

(4)

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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 ..... 19

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./Supdt./A.R. (Pension)/Dy. F.O.

Paid vide cheque No. ....

Date : .....

Cheque Signing Officer