

## PONDICHERRY UNIVERSITY

### **Form of Application for Claiming refund of Medical Expenses Incurred in Connection with Medical Attendance and/or Treatment of University Employee and their Families-for Medical Attendance / Treatment taken both from an Authorised Medical Attendant and a Hospital**

- Indian Bank Account No. ...
1. Name and designation of University employee ...  
(in block letters)
    - a) Whether married or unmarried ...
    - b) If married, the place where wife / husband is employed ...
  2. Office in which employed ...
  3. Pay of the University employee as defined ...  
in the Fundamental Rules, 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 employee  
(in the case of children state age also)
  7. Place at which the patient fell ill ...
  8. Details of the amount claimed ...
- I. 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  
University employee and in cases  
where the accommodation is higher  
than the status of the University  
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 or 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 incharge of the case at the hospital. If so, a certificate to that effect should be attached ...
- v) a) Medicines supplied by the Hospital ...
- b) Cost of medicines purchased from the market (Cash memos and the essentiality certificates should be attached) ...
- vi) Special medicines (Cash memos and the essentiality certificates should be attached) ...
- vii) Ordinary nursing ...
- viii) Special nursing, ie., nurses, specially engaged for the patient, state whether they are employed on the advice of the medical officers/in charge of the case at the hospital or at the request of the University employees or patient, in the former case 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 fro-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 of the facilities normally provided to all patients and no choice was left to the patient.

NOTE: 1. If the treatment was received by the University employee at his residence under Rule 7 of the C.S. (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant by as required these rules.

NOTE: 2. If the treatment was received at a hospital other than a Govt. hospital/necy. details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Govt. hospital should be furnished.

II. 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 Specialist or Medical officer consulted and the hospital to which attached. ...
  - b) number and dates of consultation and the fees charged for each consultation ...
  - c) Whether consultation was had at the hospital or at the consulting room of the Specialist or Medical officer, or at the residence of the patient and
  - 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.
9. Total amount claimed ...
10. Less advance taken on ...
11. Net amount claimed ...
12. Net of enclosures ... (i)  
(ii)

(iii)  
(iv)  
(v)

---

- NOTE: 1. Income declaration for claims pertaining to dependence to be furnished in the prescribed form.
2. Joint declaration to be furnished in the case of wife / husband employed in a Govt. / autonomous organisation where similar facilities are available.

**Declaration to be signed by the University Employee**

I hereby declare that the statements 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.

Date:

Signature of the University Employee and  
Office to which attached

**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 Mr.....Employed in the  
.....Health Card or Medical  
Identity Care No.....

**PART A**

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

1. Dr. \_\_\_\_\_ hereby certify

(a) that the patient was admitted hospital on the advice of \_\_\_\_\_ (Name of the medical officer) / on my advice.

(b) that the patient has been under treatment at \_\_\_\_\_ and that the undermentioned medicines prescribed by me in the 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	
	Rs.	P.

(c) that the injections administered were/were not for immunizing 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 an expenditure of Rs. \_\_\_\_\_ was incurred, vide bills and receipt 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  
\_\_\_\_\_ Hospital

Place:

NOTE: Certificates not applicable should be struck off.  
Certificate(d) is compulsory and must be filled in by the Medical  
Officer in all cases.

---

\* The "minimum of facilities certificate" may be signed either by the medical superintendent of the Hospital concerned or another gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.

[G.I.M.H., O.M. No. F.2 – 35 / 52 – LSG (H.I.), dated the 19<sup>th</sup> September, 1958]

**PONDICHERY UNIVERSITY**

**MEDICAL REIMBURSEMENT CLAIM FOR OUTPATIENT TREATMENT**

Note: Separate application form should be submitted for each patient

1. Indian Bank Alc. No. ...
2. Name and designation of the employee ...  
(in Block letters)
3. Department / Office ...
4. Pay including special pay ...
5. Place of duty ...
6. Actual residential Address ...
7. i) Name of the patient and his / her relationship to the employee (age may please be indicated in case of children) (in the case of dependent, an income declaration is to be enclosed) ...
- ii) If married, the Department Where Wife/Husband is employed (Joint declaration is to be furnished, if not submitted earlier) ...
8. Address of the Place at which the Patient fell ill ...
9. Details of charges paid for A.MA /  
Specialist services indicating:
  - i) Consultation on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_
  - ii) Injection on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_
  - iii) Charges paid on pathological, bacteriological, radiological or other tests  
Rs. \_\_\_\_\_
  - iv) Cost of medicines : Rs. \_\_\_\_\_
10. Total amount claimed : Rs. \_\_\_\_\_
11. List of enclosures:
  - i) Essentiality Certificate 'A' dated \_\_\_\_\_

ii) Doctor's Prescription dated

iii) Cash memo No. & date	Name & address of the medical Shop	Name of the medicines and quantity	Price Rs. P.

12. Declaration:

I hereby declare that the statements 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 on me.

I also declare that the above claims have not been preferred before and that no amount has been received from the University by way of reimbursement of the above charges.

Station :

Date :

Signature of the University Employee



**CERTIFICATE 'A'**

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs. / Mr. / Miss \_\_\_\_\_ Husband / Wife /  
Son / Daughter of Mr. \_\_\_\_\_ employed in the Pondicherry  
University. Health (or) Medical Identity Card No.

(a) I, Dr. \_\_\_\_\_ hereby certify that I charged and received  
Rs. \_\_\_\_\_ for \_\_\_\_\_ Consultations on  
\_\_\_\_\_ (dates 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 / subcutaneous injections on  
\_\_\_\_\_ (dates to be given) at my  
consulting room / at the residence of the patient.

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

(d) that the patient has been under treatment at \_\_\_\_\_ Hospital /my  
consulting room located at H.No. \_\_\_\_\_ 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 included proprietary preparations for  
which cheaper substances of equal therapeutic values are available not preparations which  
are primarily foods, toilets or disinfectants.

(e) that the patients is / was suffering from \_\_\_\_\_ and is / was  
under my treatment from \_\_\_\_\_ to \_\_\_\_\_

(P.T.O)

(f) that the X-Ray, laboratory tests, etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_  
\_\_\_\_\_ (name of the hospital or laboratory)

(g) that I referred that 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 rule was obtained.

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

Name of Medicines	Price	
	Rs.	P.

Signature, Designation and

Registration Number of the Medical Officer and  
Hospital/Dispensary to which attached.

Dated: \_\_\_\_\_

U B. : Certificates not applicable should be struck off Certificate(s) is compulsory and must be filled in by the Medical Officer in all cases.

- Note: 1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer, who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds Rs. 5000-00.
2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.