ICAR-National Institute of Seed Science & Technology, Mau

FORM OF APPLICATION FOR MEDICAL CLAIMS TREATMENT TAKEN FROM AMA AS OPD

1. Name & designation of the Govt. Servant
2. Whether married or unmarried, it married the place where wife/husband is employed
3. Office in which employed
4. Place of duty
5. Basic pay as defined in FR
6. Actual residential address
7. Name of patient and his/her relationship to the Govt. servant

(NB in the case of children state age also)

8. Place of illness
9. Details of amount claimed

(i) Name & designation of AMA consulted …….
& the hospital to which attached and

(ii) The No. & date the consultation and
fees Paid for each consultation

(iii) The No. & dates of the injections &fees……

(iv) The name of the hospital/laboratory ……..
where Pathological tests undertaken

(v) Cost of the medicine purchased **Rs……**

(vi) Total amount paid/claimed **Rs…**…….

(Cash memo & essentiality certificate should be attached)

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the persons for show medical expenses were incurred in wholly dependent upon me.

Date: Signature of Govt. Servant

ESSENTIALITY CERTIFICATE

Certificate granted to Mr./Mrs./Miss…**……**……. Son/Daughter/

Wife/Father/Mother of Mr./Mrs./Miss…**……**……. Employed in

ICAR-National Institute of Seed Science & Technology, Kushmaur, Mau-275103 (U.P.)

CERTIFICATE 'A'

I, Dr. …… ……hereby certify

(a) that I charged and received Rs. …**……** for ……**……**…… consultations on ……..……..…at my consulting room/at the residence of the patient.

(b) that I charged and received Rs……for admission in …… …… intravenous/intramuscular/subcutaneous injections on …….....at my consulting room/ at the residence of the patient

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

(d) that the patient has been under treatment at my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery of the patient.

The medicines are not stocked in this Government ……..... ……Hospital for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primanly foocs.

Sl. No	Name of Medicines	Price		Sl. No	Name of Medicines	Price	
		Rs.	P.			Rs.	P.

(e) that the patient is/was suffering from …….....and is /was under my treatment from …….……..to ……...…….

(f) that the patient was/were not given pre-natal treatment

(g) that the X-ray, laboratory test, etc., for which an expenditure of Rs…….was incurred was necessary and were undertaken on my advice at…… ……Name of the 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) as required under the rules was obtained.

(i) That the patient did not require/required hospitalization.

(j) That the mixture/ointment/powder entered at serial ( ) under certificate ( ) could not be disposed at the hospital and the patient was advised to buy it from the market.

(k) That the period of treatment/No. of injections is excess of the prescribed one was/were essential for the complete recovery of the patient

Date:

Signature, Designation & Regd. No. of the Medical Officer the Hospital/Dispensary to which attached