

**FORMS AND CERTIFICATES
APPENDIX II FORM**

**APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED
IN CONNECTION WITH MEDICAL ATTENDANCE AND TREATMENT OF
GOVERNMENT SERVANT AND THEIR FAMILIES**

1. Name and Designation & Section :
(in Block Letter)
2. Office of the employee :
3. Pay of the Govt. Servant as defined in FRs
and other employments which should be shown :
separately
4. Place of duty :
5. Full Residential address with door No
And name of the Mohalla :
6. Name of the patient, his / her relationship
to the Govt. Servant. In case of children
state age also :
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of amount claimed, cost of
Medicines purchased from the Market /
List of medicines / cash memos, and the
Essentiality certificate should be attached
Each in duplicated signed by treatment doctors :
10. Total amount claimed : Rs.
11. List of Enclosures

i. Check List	[]	ii. Essential Certificate	[]
iii. Emergency Certificate	[]	iv. Discharge summary	[]
v. Consolidation Bills	[]	vi. Medical Cash bill	[]
vii. Operation Notes	[]	viii. Dependence certificate	[]
ix. Non-Drawal Certificate	[]			
x Referral proceedings	[]			
xi Reports	[]			
xii Pension	[]			
xiii Others_____	[]			

**DECLARATION TO BE SIGNED BY THE
GOVERNMENT SERVANT / PENSIONER**

I here by declared that the statement in the application is true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my family as defined under the Government servant Medical attendance rules 1972 and wholly dependent upon me.

**Signature of Forwarding authority
and office to which attested**

Signature of Govt. Servant / Pensioner