

INDRAPRASTHA COLLEGE FOR WOMEN, DELHI

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of College employee and their families-for medical attendance/treatment taken both from an Authorised Medical Attendant and a Hospital.

(N.B. SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

1. Name and designation of the employee
(in block letters)
2. (i) Whether married or unmarried
(ii) If married the place where wife/
husband is employed (where applicable)
3. Office in which employed **Indraprastha College for Women, Delhi**
4. Pay of the College employee and other
emoluments, which should be shown
separately.
5. Place of Duty
6. Actual residential address
7. Name of the patient and his/her
relationship to the college employee
(N.B. in case of children state age also)
8. Place at which patient fell ill
9. Whether member of W.U.S. Health Centre

10. Details of the amount claimed :-

Medical Attendance :

- (i) Fee for consultation indicating :
 - (a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The number and dates of injection and the fee paid for each injection.
 - (c) The number and dates of consultation and the fee paid for each consultation.
 - (d) Whether consultation and/or injections were had 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 similar tests undertaken during diagnosis indicating :-
 - (a) The name of the hospital or laboratory where undertaken and
 - (b) Whether the test were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.

(iii) Cost of medicines purchased from the market
(Cash memos and the essentiality certificates
should be attached)

Rs.

11. Total amount claimed

Rs.

12. List of enclosures

DECLARATION TO BE SIGNED BY THE COLLEGE 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.
- that my son/daughter/dependent in respect of whom claim is being made, does not have an income exceeding Rs. 1500/- p.m. from all sources.
- that my son/daughter, in whose respect I am making a claim, is unmarried.

Signature of the employee

Date

Department :

Passed for Rs.

Section Officer
(ADMN.)

Section Officer
(ACCOUNTS)

Bursar

Principal