



**SIKKIM UNIVERSITY**  
**APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES**

**To**

***The Finance Officer  
Sikkim University  
Gangtok, Sikkim***

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of central government servants and their families. For medical attendance/treatment taken both from an AMA and Hospital:

1. Name	:	
Designation of Employee	:	
i) whether married or unmarried	:	
ii) If married, the place where wife/husband is employed	:	
2. Pay of the Govt. Servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	:	
3. Office in which employed	:	
4. Place of duty	:	
5. Actual residential address	:	
6. Name of the patient and his/her relationship to the Govt. Servant (in the case of children state age also)	:	
7. Place at which the patient fell ill	:	
8. Fees for consultation indicating	:	
a) Name and designation of the Med. Officer consulted and the hospital or dispensary to which he is attached	:	
b) Number and date of consultation were had at the hospital/consulting room of the medical officer or at the residence of the patient	:	
c) Whether consultations an/or injections were had at the hospital or at the consulting room of the Medical Officer or at the residence of the patient	:	



**SIKKIM UNIVERSITY**  
**FORM OF APPLICATIONS FOR MEDICAL CLAIMS**

d) Charges for pathological, bacteriological, radiological or other similar tests undertaken during the diagnosis indicating	:
e) Name of the hospital or laboratory where undertaken the tests	:
f) Whether the tests were undertaken on the advice of the AMA. If so, a certificate to that effect should be attached	:
g) Cost of medicines purchased	: Rs.
9. Total amount claimed (As per Annexure)	: Rs.
10. Less advance taken on	: Rs.
11. Net amount claimed	: Rs.
12. List of enclosures	: Prescription, Cash Memo
13. Total Nos. of enclosure	:

---

**DECLARATION TO BE SIGNED BY THE 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. In case of any false statement I am liable for any action as per rules of the university.

Date :

Signature of the Employee

Department:

Designation:

***NB: To ensure that prescription /cash memo are not damage or get misplaced in the process, please paste it in a paper & then submit it.***



**Detail of Medical Bills, Tests etc.**

<b>Sl.No.</b>	<b>Particulars as per claim</b>	<b>Amount (Rs.)</b>
01.		
02.		
03.		
04.		
05.		
06.		
07.		
08.		
09.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
	<b>TOTAL</b>	

**Signature of the Employee**

**ESSENTIALITY CERTIFICATE**  
**CERTIFICATE 'A'**

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

Certificate granted to Mrs./Mr./Miss..... Wife/ Son/ Daughter of  
MR/MRS/MISS ..... employed in the .....

I, Dr. .... hereby certify:-

- (a) 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/the residence of the patient;
- (c) that the injections administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at ..... hospital/ my consulting room 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 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 food, toilets or disinfectants.

	<u>Name of Medicines</u>	<u>Price</u>
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

- (e) that the patient is/was suffering from ..... and is/was under my treatment from ..... to .....
- (f) that the patient is/was not given pre-natal or post-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 Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

*Signature of AMA/Designation of the Medical officer and  
hospital/ dispensary to which attached.*

Dated:-----

N.B.: -certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

**ESSENTIALITY CERTIFICATE**

**CERTIFICATE-B**

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss ..... wife /son/daughter of Mr./ Mrs./ Miss  
..... employed .....

**PART-A**

I, Dr. .... hereby certify :-

- (a) that the patient was admitted to 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 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 the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES	PRICE
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from ..... and is/was under treatment from ..... to .....
- (e) that the X-ray, laboratory test 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**

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 receipts 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**

\* 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.

Place .....  
.....  
Medical Superintendent  
.....Hospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.