



**अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर**  
**All India Institute of Medical Sciences, Jodhpur**

**FORM OF APPLICATION FOR MEDICAL CLAIMS**  
**(चिकित्सा दावों के लिए आवेदन पत्र)**

To  
(सेवा में),  
The Accounts Officer (Reimbursement)  
लेखा अधिकारी (प्रतिपूर्ति),  
Accounts Section  
(लेखा विभाग),  
AIIMS, Jodhpur  
(एम्स, जोधपुर) – 342 005

Kindly arrange to reimburse medical bills of ₹ ..... which was prescribed by the..... The amount may be credited to my bank account.

कृपया.....के द्वारा नियत(Prescribed) राशि ₹ ..... के चिकित्सा बिल प्रतिपूर्ति करने की व्यवस्था करें। (राशि मेरे बैंक खाते में क्रेडिट की जा सकती है।)

Full Name of Employee (In capital letters) (कर्मचारी का पुरा नाम)	
Employee Code (कर्मचारी कोड) (As per salary slip वेतन पर्ची के अनुसार)	
Status (स्थिति)	(Govt. servant /Pensioner /Other) (सरकारी कर्मचारी/सेवानिर्वात/अन्य)
Designation (पद)	
Date of Joining (नियुक्ति दिनांक)	
Department (विभाग)	
Contact No.(सम्पर्क नं.)	
FOC card of Patient (मरीज का FOC card) (Copy attached on page no.....)	
Essentiality Certificate (अनिवार्यता प्रमाण पत्र)(Whichever is applicable tick that one or both)(जो भी लागू हो उस पर या दोनों पर निशान लगायें)	Certificate A / Certificate B (प्रमाण-पत्र A/प्रमाण-पत्र B)
Copy of referral by Govt. specialist (सरकारी विशेषज्ञ द्वारा रेफरल की प्रति) (Applicable in case of treatment taken outside AIIMS)(एम्स के बाहर उपचार के मामले में लागू)	YES / NO (हाँ / नहीं) (Page No .....)
Copy of Discharge Summary (डिस्चार्ज समरी की प्रति)(Applicable Only for IPD Patient)(केवल आईपीडी रोगी के लिये लागू)	YES / NO(हाँ / नहीं) (Page No..... )

**NOTE(ध्यान दें): -**

**1. Copies of employee ID-card and FOC card of patient is mandatory to attach along with claim reimbursement form.**  
(दावा प्रतिपूर्ति आवेदन के साथ कर्मचारी आईडी-कार्ड और मरीज के FOC कार्ड की प्रतियाँ संलग्न करना अनिवार्य है।)

**2. Please mark page number on each page and all Invoice bills should be self-certified**  
(कृपया प्रत्येक पृष्ठ पर पृष्ठ-संख्या अंकित करें और सभी चालान बिल स्व-प्रमाणित करें।)

**3. Time limit for submission of claim(दावा प्रस्तुत करने की समय-सीमा:**

**a. Within six months from the date of completion of treatment.**

**4. Medical Reimbursement claim form should be printed on both side.**

Dated(दिनांक): .....

Signature of AIIMS Employee  
(एम्स कर्मचारी के हस्ताक्षर)



**अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर**  
**All India Institute of Medical Sciences, Jodhpur**

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

(चिकित्सा दावों के लिए आवेदन पत्र)

MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a Hospital

1.	Name and designation of Government servant (in block letters) (सरकारी कर्मचारी का नाम तथा पदनाम):	:			
	i) Whether married or unmarried (विवाहित या अविवाहित):	:			
	ii) If married, the place where wife/husband is Employed (यदि विवाहित, स्थान जहाँ पति/पत्नी कार्यरत है)	:			
2.	Office in which employed (कार्यालय जहाँ कार्यरत है)	:			
3.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately (वेतन स्तर):	:			
4.	Place of duty (कार्य का स्थान):	:			
5.	Actual residential address (वास्तविक निवास पता):	:			
6.	Name of the patient and his/her relationship to the Government servant. N.B. - In the case of children state age also	:			
7.	Place at which the patient fell ill (स्थान जहाँ मरीज बीमार हुआ):	:			
8.	Details of the amount claimed (दावा की गई राशि का विवरण):	:			
I. Medical Attendance -					
i) Fees 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 consultation and the fee paid for each consultation.	:			
c)	The number and dates of injection and the fee paid for each injection.	:			
d)	Whether consultations 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 tests were undertaken on the advice of the authorized 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 certificate should be attached).				:	
II 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 Government servant and in cases where the accommodation is higher than the status of the Government servant, 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 in charge of the case at the hospital. If so, a certificate to that effect should be attached.	:			
v) Medicines.				:	
vi) Special medicines (Cash memos and the essentiality certificates should be attached)				:	

vii) Ordinary nursing	:	
viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.	:	
ix) Ambulance charges (State the journey - to and from- undertaken)	:	:
NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.		
NOTE 2. - If the treatment was received at a hospital other than a Govt. hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.		
III. Consultation with Specialist - Fees paid to a specialist or a Medical Officer other than the authorized 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 consultations and the fees charged for each consultation.		
c) wherever consultation was had at the hospital, 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 authorized 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.		
11.	Total amount claimed(कुल दावा की गई राशि):	:
12.	Less advance taken on	
13.	List of enclosure(संलग्नक की सूची):	

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**  
(सरकारी कर्मचारी द्वारा हस्ताक्षर की जाने वाली घोषणा)

I hereby declare that the statement 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.  
(मैं एतद्द्वारा घोषणा करता/करती हूँ कि आवेदन पत्र में दिया गया विवरण मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सत्य है और जिस व्यक्ति के लिए चिकित्सा व्यय किया गया है वह पूर्ण रूप से मुझ पर निर्भर है)

Dated(दिनांक).....

Signature of the Employee  
(कर्मचारी के हस्ताक्षर)



**अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर**  
**All India Institute of Medical Sciences, Jodhpur**

**ESSENTIALITY CERTIFICATE**

(अनिवार्यता प्रमाण-पत्र)

**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.

Name of Medicines	Price
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.

Date:.....

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

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.



**अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर**  
**All India Institute of Medical Sciences, Jodhpur**

**ESSENTIALITY CERTIFICATE**  
**(अनिवार्यता प्रमाण-पत्र)**  
**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 ₹ .....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 ₹ ..... 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.

Medical Superintendent Place  
.....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.