



**राष्ट्रीय उष्ट्र अनुसंधान केन्द्र, बीकानेर**  
**National Research Centre on Camel, Bikaner**  
**FORM OF APPLICATION FOR MEDICAL CLAIMS**

Med. (91) Form of applicant for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government Servant and their families.

1. Name and designation of Government servant (in block letters) .....
2. (i) Whether married or unmarried .....
- (ii) If married, the place where wife husband is employed .....
3. Office in which employed .....
4. Pay of the Govt. Servant as defined in the Fundamental rules and any other emoluments which should be shown separately .....
5. Place of duty .....
6. Actual residential address .....
7. Name of the patient and his/her relationship with the Government servant (N B in the case of children state age also) .....
8. Place at which the patient fell ill .....
1. Medical attendance .....
- (i) Fees for consultation indicating. ....
- (a) The name & designation of the medical officer consulted and the hospital or dispensary to which attached Dr.....
- (b) The number and dates of consultation and the fee paid for each consultation. ....
- (c) The number and date of injections and the fee paid for each injection .....
- (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) Changes for pathological, bacteriological, radiological or other similar tests undertake during diagnosis indicating :-
- (a) The name of the hospital/Laboratory where the test were undertaken and .....
- (b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, certificate to that effect should be attached. ....
- (iii) Cost of medicines purchased from market (cash memo) and the essentiality certificates should be attached .....
10. Total amount claimed Rs.....
11. Less advance taken on Rs.....
12. Net amount claimed Rs.....
13. List of enclosures .....

**DECLARATION TO BE SEGNEED BY THE GOVERNMENT SERVANT**

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 incurreds is wholly dependant upon me.

Dated.....

Signature of the Government  
 Servant and office of which attached