

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
NORTH EASTERN REGIONAL CENTRE :: SHILLONG**

*Form of application for claiming of medical expenses incurred in connection with Medical Attendance and/or treatment of the employees of ICSSR-NERC and their families
(Separate form should be used for each patient)*

1. Name & Designation of the employee :
(in block letters)
2. Department in which employed :
3. Pay of the employee as defined in F.R. and other :
Emoluments, which should be shown separately
4. Place of duty :
5. Actual residential address :
6. a) Name of the patient and his/her relationship :
to the employee (in the case of children state age)
b) Marital Status :
c) Whether employed and if so, address of the :
employer and monthly income.
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of the amount claimed.
 - a) Fees for consultation indicating 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) Whether consultations were at the consulting :
room of the medical officer or at the residence of
the patient
 - d) Cost of medicines purchased from the market :
10. Total Amount claimed :
11. List of enclosures :

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statements in this 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. He/She has no other source of income.

Dated:

Signature of the employee

(CERTIFICATE 'A')

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

Certificate granted to Smt/Kum/Shri _____

Wife/son/daughter/mother/father/brother/sister of _____

employed in the Indian Council of Social Science Research, North Eastern Regional Centre (ICSSR-NERC), Shillong.

I, Doctor _____ do hereby certified that

- (a) I charged Rs. _____ for consultations on _____ (dates to be given) at my consulting room/ at the residence of the patient;
- (b) I charged Rs. _____ for administering intra-venous/intra-muscular/subcutaneous injections on (dates to be given).
- (c) The injections administered were not/were for immunizing or prophylactic purposes;
- (d) The patient has been under treatment at 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 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 foods, toilets or disinfectants.

S.N.	Name of Medicines	Price
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- (e) The patient is/was suffering from _____ and is/was under my treatment from _____ to _____
- (f) 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 the Hospital/Laboratory)
- (g) I referred the patient to Dr. _____ for Specialist consultation and that the necessary approval of the _____ (name of the Hospital/Laboratory)
- (h) The patient did not require/required hospitalization.

Dated:

Signature & Designation of the Medical Officer
& Hospital/Dispensary to which attached