

**CSIR - NATIONAL AEROSPACE LABORATORIES**

**BANGALORE**

**MEDICAL REIMBURSEMENT CLAIM FORM FOR INPATIENT**

Claim form for refund of medical expenses incurred in connection with Surgery / Medical treatment of Council servant and their families.

1. Details of the Employee

- a) Emp. No. :
- b) Name :
- c) Design / Group :
- d) Division :
- e) Basic Pay+NP (if any) :

2. Name of the Patient

- a) Relationship :

3. Place at which the patient fell ill

4. Residential Address

Ph./ Mobile No. :

SBI Ac.No / Branch :

5. Details of Expenditure

- a) Bed charges : ₹
- b) Lab Investigation : ₹
- c) Name of the surgery/Operation / Treatment : ₹
- d) Cost of Medicines : ₹
- e) X-Ray : ₹
- f) ECG : ₹
- g) CTSCAN ,etc., : ₹
- h) Misc. : ₹

Total : ₹

6. List of Enclosures :

**DECLARATION**

I hereby declare that the statements made 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 on me and is not in receipt of any amount beyond Rs.500/- from any source.

Date :

Signature of the Council Servant

CERTIFICATE 'B'  
BANGALORE

(To be completed in the cases of patients who are admitted to hospital for treatment)

Certificate granted to Shri / Smt.....  
Self / wife / son / daughter / (Dependant - father / mother / widowed sister / daughter) of Shri / Smt.  
(Name of the Employee) ..... who was employed in  
National Aerospace Laboratories, Bangalore -560 017.

Note: 1) Strike out the irrelevant

PART 'A'

(To be signed by the Medical Officer in-charge of the .....  
..... case at the Hospital)

I, Dr. .... hereby certify -

- (a) that the patient was admitted to hospital on the advice of .....  
..... (name of 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 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;

<u>Name of the medicines</u>	<u>Price</u>
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1.

2.

3.

4.

5.

- (c) that the injections administered were / were not for immunising or prophylactic purposes;
- (d) that the patient is / was suffering from ..... and is / was under my treatment from ..... to ..... and he / she underwent the surgery .....
- (e) that the X-ray, laboratory tests, etc., for which an expenditure of ₹ ..... was incurred were necessary and were undertaken on my advice at ..... (name of the hospital / 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'**

I 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 conditions of the patient.

*Signature of the Medical Officer  
In charge of the case at the hospital*

**COUNTERSIGNED**

Medical Superintendent  
..... Hospital

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*

- NB.:-**
- 1) Certificates not applicable should be struck off.  
Certificate (d) is compulsory & must be filled in by the Medical Officer in all cases.
  - 2) All cash bills, prescription and essentiality certificate should be enclosed.
  - 3) Separate form should be used for each patient.

**FOR OFFICE USE ONLY**

IMPACT CODE

: Empno  
Cash Code  
Budget Code  
Booking Code  
Project Code

**FOR USE IN BILLS SECTION**

MC / BNO :

Date :

Remarks / Calculation :-

Bill passed for ₹ ..... ( Rupees .....  
..... Only)

Section Officer (B) / Administrative Officer

**FOR USE IN FINANCE & ACCOUNTS**

Pay ₹ ..... (Rupees ..... only)

FAO / SFAO (SG)