FORM - C

Emp. No.

Vide Rule 15 (3)

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

1.	Name & Designation of the Govt. servant (in block letter)	:
2.	Office in which employed	:
3.	Salary	:
4.	Place of duty	
5.	Full residential address	:
6.	Name of the patient and His/ her relationship with the Govt. servant. Note : in the case of children state age also	:
7.	Place at which the patient fell ill	
8.	Nature of illness & its duration	:
9.	Details for the amount claimed	:
10.	Total amount claimed	:
11.	List of enclosures	:
12.	Countersignature by the Controlling officer (As amended vide Govt. Notification No. DPAR 5 SMR 84/11-6-1-1985)	:

DECLARATION TO BE SIGNED BY THE GOVT. SERVANT

1. I hereby declare that the statements in this application are true to the best of my knowledge & belief & that the person for whom medical expenses were incurred is a member of my family as detailed under the Karnataka Govt. Servants (Medical Attendance) Rules 1963 and is wholly dependant upon me.

2. I also declare that - My wife/husband is not an employee of any State/Central Govt. or of any undertaking of body wholly or partly financed by Government. OR

   My wife/husband is employed in ....

   and this claim for reimbursement has not been & will not be preferred by my wife/husband.

3. I also declare that my Father/Mother has no income of his/her own and is dependant on me.

Signature of the
Government Servant

PTO

Vide Rule 15 (1)

ESSENTIALITY CERTIFICATE

I certify that Sri/Smt...Wife / Son / Daughter/Father/Mother of Shri/Smt.. employed in the .... has been under my treatment for ....disease from ....to.. at the.. ....Hospital../my consulting room and that the under mentioned 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 stoocked in the ....Hospital .... for supply to patiets and do not include proprietaty preparations for which cheaper substance of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of the Firm	Name of the Medicines	Qualnity	Price Rs.

Signature & Designation of
Authorised Medical Attendant

Signature of the Medical Officer
Incharge of the case at the Hospital