

FORM 'C'
[Vide Rule.15(3)]
Application Form for Claiming Refund of Medical Expenses

**1. Name and designation of the Government servant
(in block letters)..**

2. Office in which employed..

3. Salary..

4. Place of duty

5. Full residential address..

**6. Name of the Patient and his/her
relationship to the Government servants/
*Note :- In the case of children,
state age also.***

7. Place at which the patient fell ill

8. Nature of illness and its duration

9. Details for the amounts/claimed

10. Total amount claimed

11. List of enclosures

12. Countersignature by the controlling officer

1 Inserted in Notification No. DPAR 5 SMR 84 dated: 11th June 1985

Declaration to be signed by the Government Servant

(1) I hereby declare that the statement in this Application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a member of my family as detailed under the Karnataka Government 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 government or of an undertaking or body wholly or partly financed by Government.

Or

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

signature of the Govt. Servant

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Note:- Separate form should be used for each patient.

Notification No. DPAR 5 SMR 77, dated: 29th July, 1977.

FORM 'B'
[Vide Rule 15(1)]
Essentiality Certificate

I certify that, Shri/Smt..... wife/son/daughter of Shri..... employed in the has been under my treatment for Disease from to at the 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 patient. The medicines are not stocked in the Hospital for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Names of Medicines

Price

**Signature and Designation
of Authorised Medical
Attendant**

**Signature of the Medical
Officer
in-charge of case at the
Hospital**

Date.....

In the case of Confinement the words 'during pregnancy' or 'child birth' may, as the case may be substituted for the word "disease".