

FORM MEDICAL 97 B

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES FOR MEDICAL ATTENDANCE BY AUTHORISED MEDICAL ATTENDANT.

1. Name and designation of Government Servant
(in Block Letters)
2. Office in which employed.
3. Pay of the Govt. servant defined in the F.R. and any other emoluments, which should be shown separately.
4. Place of Duty.
5. Actual residential address.
6. Name of the patient and his/her relationship to Govt. servant.
N.B. In case of children, state age also.
7. Place at which the patient fell ill.
8. Details of the amount claimed.
 - 1) Fees for consultation indication.
 - 2) The Name and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - 3) The number and dates of injections and the fees paid for each injection.
 - 4) 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) Charges for Pathological, bacteriological radiological or other similar tests undertaken during diagnosis indicating.

- a) the name of the hospital/laboratory where undertaken and.
 - b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
9. Total amount claimed.
10. Loan Advance taken on.
11. Net amount claimed.
12. List of enclosures.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the persons for whom medical expenses were incurred is wholly dependant upon me.

Date

Signature of the Government servant
and office to which attached.