



**DAULAT RAM COLLEGE**  
(UNIVERSITY OF DELHI)

Phone : 27667863

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment of University / College Employees and their families.

N. B. - Separate form should be used for each patient.

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1. Name and Designation of the Employee:  
(IN BLOCK LETTERS)
    - (i) Whether married or unmarried :
    - (ii) If married the place where wife / husband of the employee is employed (where applicable)In case employee, a joint declaration duly countersigned by the wife employer / husband of the child may be furnished at the time of first bill in each financial year.
  2. Name of Bank.
  3. Branch.
  4. A/C No. :
  5. IFSC
- 
6. Pay of University / College employee, and any other emoluments, which should be shown separately :
  7. Actual residence address :
  8. Name of the patient and his/her relationship to the University / College employee.  
N.B.- In case of the children state age also.
  9. Place at which the patient fell ill :
  10. Whether member of W.U.S. Health Centre or not :
  11. Is there any Medical Store run by the Corp. Society or Govt. within 2 kms. from the residence of claimant?
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12. Details of the amount claimed:  
MEDICAL ATTENDANCE :
    - (i) Fee for consultation, including :
      - (a) The name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.
      - (b) The number and dates of consultation and fee paid for each consultation.
      - (c) The number and dates of injections and fee paid for each injection.
      - (d) Whether consultations and / or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.
    - (ii) Costs of medicines purchased from the market. (List of medicines, cash memos and the essential certificates should be attached)
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13. Total amount claimed :
  14. List enclosures :
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**DECLARATION TO BE SIGNED BY THE UNIVERSITY / COLLEGE EMPLOYEE**

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

(PRE-RECEIPTED)

Dated .....

Signature of the Government Servant and Office  
which attached.

**CERTIFICATE 'A'**

Certificate granted to Mr. / Mrs. / Miss / Dr. ....  
 wife / son / daughter / husband of Mr. Mrs. .... employed in  
**DAULAT RAM COLLEGE, UNIVERSITY OF DELHI, DELHI-110007**

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

- I, Dr. .... hereby certify
- (a) That I charged and received Rs. .... for ..... consultation  
 on ..... (dates to be given) at my consulting room  
 at the residence of the patient.
- (b) That I charged and received Rs. .... for administering /  
 Intramuscular injections or subcutaneous.  
 on ..... at my consulting room  
 (date to be given) the residence of the patient.
- (c) That the injections administered was/ were not for immunising or prophylactic purposes.
- (d) That the patient has been under treatment at ..... hospital  
 my consulting room  
 and 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 include Proprietary  
 preparations for which cheaper substances of equal therapeutic value are available nor preparations which are  
 primarily foods, toilets or disinfectants.
- |    | Name of Medicines | Price |
|----|-------------------|-------|
| 1. | .....             | ..... |
| 2. | .....             | ..... |
| 3. | .....             | ..... |
| 4. | .....             | ..... |
| 5. | .....             | ..... |
- (e) That the patient is / was suffering from ..... and is / was under treatment  
 from ..... to .....
- (f) That the patient is / was not given pre-natal treatment .....
- (g) That the X-ray, Laboratory test etc. for which an expenditure of Rs. .... was incurred were  
 necessary and were undertaken my advice at .....
- (Name of Hospital or Lab)
- (h) That I referred the patient to Dr. .... for specialist consultation  
 and the necessary approval of the ..... as required under  
 the rules was obtained.
- (i) That the patient require / did not require hospitalisation.

Dated .....

Signature, Designation  
 and Hospital to which attached