National Institute of Open Schooling

FORM OF APPLICATION FOR MEDICAL CLAIM

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of NIOS employee and their families - For medical attendance/treatment taken from Government or recognised Hospital

1. Name and designation of the employee (in Block Letters) _____ _____
   (Name) (Designation)

   (ii) **Contact Number**

2. (i) whether married or unmarried

   (ii) if married, the name of office with place of office where wife/husband is employed

3. Basic Pay of the employee (without allowance)

4. Place of Duty

5. Actual residential address

6. Name of the patient and his/her relationship to the employee
   N.B. - In the case of children state age also

7. Place at which the patient fell ill

8. Details of the amount claimed
   I. Hospital Treatment

   Name of the Hospital

   Charges for Hospital treatment, indicating separately the charges for:

   (i) Accommodation (State whether it was according to the status or pay of the employee and in case where the accommodation is higher than the status of the Employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available.

   (ii) Diet

   (iii) Surgical operation or medical treatment or confinement

   (iv) Pathological, bacteriological, radiological or other similar tests, including

   (a) the name of the hospital or laboratory at which undertaken, and

   (b) whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached

(v) (a) Medicine

(b) Special medicines
(the essentiality certificate should be attached)

(vi) Ordinary Nursing

(vii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the employee or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.

(viii) Ambulance charges.
(State the journey - to and from under taken)

(ix) Any other charges, e.g., charges for electric light, fan, heater air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

Note 1. If the treatment was received by the Employee or patient at his residence under Rule 7 of the CS(MA) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

Note 2. If the treatment was received at a hospital other than a Government hospital/Recognized hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital/Recognized hospital should be furnished.

9. Total amount claimed Rs.

10. Less advance taken on Rs.

11. Net Amount claimed Rs.

12. List of enclosures

DECLARATION TO BE SIGNED BY THE EMPLOYEE

(i) I hereby declare that the statements 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 upon me.

(ii) I certify that I am not availing of medical facilities, or financial/medical allowance in lieu thereof, either for my self and/or the members of my family from any source other than under CS (MA) Rules, 1944 from National Institute of Open Schooling.

Signature of the Employee
and Division to which attached

Date:

National Institute of Open Schooling

CERTIFICATE 'B'

(To be completed in this case of patients who are admitted to hospital treatment)

Certificate granted to Mr./Mrs./Miss _____ Wife / Son / Daughter / Father / Mother of _____ employed in the _____

PART A

(To be signed by the Medical Officer in charge of the _____ case of the hospital _____)

I, Dr. _____ hereby certify:

(a) That the patient was admitted to hospital on the advice of _____ (name of the Medical Officer)/ on my advice.

(b) That the patient has been under treatment at _____ and the under mentioned medicine 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 the hospital) for supply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primary foods, toilets or disinfectants.

Name of the Medicine	**Price**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(c) That the injection administered were/were not for immunizing or prophylactic purposes.

(d) That the patient is/was suffering from _____ and is/was under treatment from _____ to _____

(e) That the X-ray, laboratory tests etc., for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____

(f) That I called on Dr. _____ for specialist consultations and that the necessary approval of the _____ (name of the Chief Administrative Medical Officer of the State) as required under the rule, 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 services of special nurses for which an expenditure of Rs. _____ was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition 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 was essential for the patient's treatment.

Place _____

Medical Superintendent
_____Hospital

Note: - Certificate not applicable would be struck off. A certificate (b) is compulsory and must be filled in by the Medical Officer in all case.