Form-I

FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT

(See Rule [8] I)

(N.B. – SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

1. Name and designation of government Servant
   In block letters _____

   a. Marital status Married/unmarried/other

2. Department/Section in which employed _____

3. Basic & Grade Pay _____

4. Actual residential Address. _____

5. Name of the patient and his/her relationship _____
   with Government Servant.
   In the case of children state :
   (i) Date of birth _____
   (ii) Serial Number in order of birth _____
   (iii) Total number of children _____

6. Place at which patient fell ill _____

7. Name of illness and duration _____

8. Name of Dr./Hospital where treatment taken _____

9. Whether hospital is authorized by Central Government/State Government/ CGHS Rules/ CS (MA) rule/ Institute empanelled hospital/ any other hospital/clinic*. *(Please mention appropriate one and also attach the supportive Documents)* _____
   **In Case of treatment taken from any other hospital/clinic, please attach a proper justification for the same*

10. Treatment taken as : OPD Patient/Admitted patient

11. Details of the amount claimed. _____

    A - **Treatment (As OPD Patient)**:-

    (i) (a) Fees of consultation paid - _____

    (b) The number and dates of consultation. (Pl. attach receipt) _____

    (ii) Charge for pathological, bacterio logical, radiological or other similar tests under taken during diagnosis indicating. _____
    (a) The name of the hospital or laboratory were the test undertaken and. _____

(b)Where the tests were undertaken on the advice of the authorised medical attendant and if so, certificate to that effect should be attached.

(iii) Cost of medicines purchased from the market (List of medicines, Cash memo and the essentiality certificate should be attached)

B- **Hospital treatment (As Admitted Patient)**– Charges for hospital treatment including separately the charges for-

(i) Accommodation state whether it was according to the states or pay of the Government Servant & in cases where the accommodation in the higher than the status of the Government servant a certificate should be attached to the effect that accommodation to which he was entitled was not available.

(ii) Surgical operation or Medical treatment

(iii) Pathological bacteriological or other similar tests indicating-

(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.

(iv) Medicines.

(v) Special Medicines. (List of medicines cash memos & the essentiality certificate should be attached)

(vi) Special nursing i.e. nurses specially engaged for the Patient-State whether they were employed on the advice of the medical officer in-charge of the case at the hospital or at the request of the Government servant or patient in the former case a certificate from the M.O.I.C. Superintendent of the hospital should be attached.

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

Note – If treatment was received by the Government servant at his residence give particulars of such treatment and attached certificate from authorised medical attendant.

12. Total amount claimed.

13. List of enclosures.

Particulars of Amount claimed

S.N.	Name of Medical Shop/ Pathology Lab/Consultation Fee	Bill No. and Date	Amount Claimed	For Office use only	
				Admissible amount	Remarks of Medical Officer (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL :				

Note: Above table should be filled by claimant

FOR OFFICE USE

This is to certify that Mr/Mrs/Ms _____ S/o D/o W/o of

_____aged_____admitted in _____ hospital under normal/

Emergency condition and the above individual can be approved for the payment of Rs_____

Medical officer

UNDERTAKING

1. I (name)_____am a regular Employee/Officer of NIT, Tadepalligudem. I hereby declare that I am entitled for Medical Reimbursement claim from the Institution for self & my dependent family members. I also declare that any kind of excess payment given to me Medical Reimbursement claim, may be recovered according to the norms of the Institution.
2. I also declare that Shri/Smt./Master_____aged_____years for whom the medical treatment was taken is my_____(relationship) and is fully depended upon me & his/her name is also entered in my service book. I also declare that I have applied this Medical Reimbursement claim only at NIT, Tadepalligudem.
3. I also declare that treatment taken from_____(name of hospital) is authorised by Central Government/State Government/CGHS Rules/ CS (MA) Rule/Institute empanelled hospital/ any other hospital/clinic _____*(please tick appropriate one and also attach the supportive documents).

* In Case of treatment taken from any other hospital/clinic, please attach a proper justification for the same.

I hereby declare that the statements in application are true to the best of my knowledge.

Signature of Employee _____

DECLARATION FORM FOR MEDICAL CLAIMS

I the undersigned hereby declare that for the reimbursement of medical expenses incurred on the medical claim will be preferred by Shri/ Smt._____to his /her office and Shri/Smt./Kumari _____ Relation_____Age_____is completely dependent* on me. In future, the claim/facts made here if proved wrong/manipulated, I am liable for repayment of double the amount claimed under the reimbursement.

Date-

Signature of the Employee: ----------

Name.....

Designation.....

Employee Id .....

*Note:

1. Eligible family members (for serving employees):

The term 'family' for the purpose of Cashless Medical Insurance Scheme shall mean the same as that for the Central Services (Medical Attendance) Rules 1944 .Family shall mean wife or husband, as the case may be, of the Institute employee and parents, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren divorced/separated daughters and stepmother wholly dependent upon the Institute employee and are normally residing with the Institute employee. Further, the income limit for dependency upon the Institute employee for purposes of eligibility to the concessions under the CS (MA) Rules is Rs. 9000/- per month from all sources including pension/and family pension plus amount of clearness relief on the basic pension of Rs. 9000 /- as on the date of consideration. However, there is no such clause as dependency in respect of spouse.

For the purposes of determining dependency, the following will be the criteria for:

- Son: Till he starts earning, or attains the age of 25 years or gets married whichever is earlier.
- Daughter: Till she starts earning or gets married, whichever is earlier, irrespective of age-limit.
- Son suffering from permanent disability of any kind (physical or mental): No age limit.
- Widowed daughters and dependent divorced/separated from their husband daughters - irrespective of age-limit.
- Dependent sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters - irrespective of - age- limit.
- Minor brothers - up to the age of becoming a major.
- Dependent parents in the case of adoption, only the adoptive and not the real parents. If the adoptive father has more than one wife, the first wife only.

A female employee has a choice to include either her parents or her parents-in-law; the option exercised can be changed only once during service.

The concerned staff members must fill-up the form for updating the records with the concerned establishment section and get the medical booklets revalidated every year.

2. When both husband and wife are employed:
   a) The spouse employed in a State Government, Defence /Railways or Corporation/Bodies financed partly/wholly by the Central/State Government, local bodies and private organizations, which provides medical services, may choose either the facilities from the NIT Andhra Pradesh or facilities provided by the organization in which the spouse is employed.
   b) Where both are employees of NIT, Andhra Pradesh, either of them may prefer claim for self and eligible members of their family, according to his/her status.
   c) In both the types of cases, a joint declaration is required to be furnished as to who will be preferring the claim. In the absence of joint declaration in the case coming under (b), the concession is to be availed of by the wife and family members according to the status of the husband. Declaration may be changed as oftentimes as the circumstances like promotion, transfer, resignation, etc., require.
   d) If judicially separated, pending decision on guardianship, reimbursement for children may be allowed to either spouse.
   e) If the spouse is in receipt of a fixed medical allowance, the Government servant can avail of medical facilities under Medical Attendance Rules for himself and members of the family residing with him except for the spouse.

JOINT DECLARATION

We the undersigned hereby declare that for the reimbursement of medical expenses incurred on the medical the claim will be preferred by Shri/ Smt.---------- to his /her office and that no claim on this account will be preferred by Shri/ Smt. ---------- to his/her office/others in respect of any member of the family.

This declaration shall remain in force till such time as it is revised by us in writing.

	Husband	**Wife**
Signature		
Name		
Designation with affiliated department		
Date		

For Office Use only

It is verified from office record that Shri/Smt. …… is a regular employee of NIT, Tadepalligudem and patient .....is dependent of him/her.

Superintendent Admin

Payment of Rs..... may be approved.

Associate Dean (Medical) **Registrar i/c / Director**

Note-: Registrar i/c up to an amount of 1,00,000/-Rs. Over and above the Director is the sanctioning authority.

TO
Asst Registrar (Accounts)