



झारखण्ड केन्द्रीय विश्वविद्यालय  
**Central University of Jharkhand**  
(Established by an Act of Parliament of India, 2009)  
**RANCHI**

**FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION  
WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF THE EMPLOYEES OF CENTRAL  
UNIVERSITY OF JHARKHAND AND THEIR FAMILIES**

1. Name & Designation of the Employee :  
(in block letter)
2. Office in which employed :
3. Pay of the employee as defined in F.R. and :  
other emoluments, which should be shown  
separately
4. Place of duty :
5. Actual residential address :
6. (a) Name of the patient and his/her relationship :  
to the employee(in case of children state age)  
(b) Marital status :  
(c) Whether employed and if so, address of the :  
Employer and monthly income
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of the amount claimed :  
(a) Fees for consultation indicating the name :  
and designation of the Medical Officer  
consulted and the hospital or dispensary to  
which attached.  
(b) The numbers and dates of consultation and :  
fees paid for each consultation  
(c) Whether consultation were at the consulting :  
room of the Medical Officer or at the  
residence of the patient  
(d) Cost of medicines purchased from the market :
10. Total amount claimed :
11. List enclosed :

**DECLARATION TO BE SIGNED BY THE EMPLOYEE**

*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 the medical expenses were incurred is wholly dependent upon me he/she has no other source of income.*

Place:

Signature of the Employee  
With Designation

Certificate granted to \_\_\_\_\_, father/mother/daughter/wife/ of \_\_\_\_\_, employed in the Central University of Jharkhand.

**CERTIFICATE – ‘A’**

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

I Dr. \_\_\_\_\_ do hereby certified that (a) I charged Rs. \_\_\_\_\_ for consultation on \_\_\_\_\_ at my consulting room/ residence; that (b) I charged Rs. \_\_\_\_\_ administration intravenous intramuscular injection \_\_\_\_\_ (date to be given); that (c) the injection administered were not for issuing for prophylaxes of the purpose; that (d) the patient has been under treatment at my consulting room prescribed by me in this connection were essential for the recovery prevention of service deterioration in the condition of the patient. The medicines are not stocked in \_\_\_\_\_ for the supply to private patient and include propriety preparation to the cheaper substance or equal theroquatiplates or disinfections.

Sl. No.	Name of the medicines	Price
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- (e) That the patient is/was suffering from \_\_\_\_\_ and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_
- (f) That the X-ray, Laboratory tests etc. for which an expenditure of \_\_\_\_\_ was incurred were necessary and were undertaken under my advice at \_\_\_\_\_ (name of the Hospital).
- (g) I referred the patient to Dr. \_\_\_\_\_ for specialist consultation and that necessary approval of the \_\_\_\_\_ (name of the hospital / laboratory).
- (h) That the patient did not require hospitalisation.

Date:

Signature & Designation of the  
Medical Officer & the Hospital  
(with seal)/Dispensary to which attached.