

- G) That the patient is / was suffering from & is / was under my treatment from to
- H) That the patient was / was not given treatment for
- i. Dental or mental disease.
 - ii. Immunsing or Prophylatic purposes.
 - iii. Sterility or strlisation.
 - iv. Veneral diseases & deletion treatments.
 - v. Pre-natal or post-natal routine check up
 - vi. Testing of eye-sight for glasses.
- I) That the X-Ray, laboratory test etc. for which an expenditure for Rs. Was incurred, where necessary & were undertaken on my advice at Hospital when is Govt. hospital or laboratory.
- J) That I referred the patient to Dr. for specialists consolation and that necessary approval of the Dr. the chief Administrative Medical Officer of the state as required under the rules was obtained.
- K) That I referred the patient to Dr. for higher medical opinion for which an expenditure of Rs. was necessary on account of consultation fee dated for the speedy recovery of the patient.
- L) That I am of equivalent rank/immediately junior in rank to his A.M.a. viz Civil surgeon P.M.S.I. & attached to the same hospital viz As he is
- M) That the patient does not required/required hospitalization.
- N) That the patient does not required/required prolonged treatment.
- O) That the ointment/mixture entered at item under certificate (F) on reverse should not dispended which at Government Hospital / laboratory that patient was advised to purchase from market.

Signature and designation of the
Medical Officer and the hospital
Dispensary to the which attached

Dated :-

Note :- 1. Certificate not applicable should be struck off.
2. Certificate (F) is compulsory & must be filled in by the Medical Officer in all cases.

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/ OR TREATMENT OF JAWAHAR NAVODAYA EMPLOYEE & THEIR FAMILY

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

1.	A. Name & designation of Jawahar Navodaya Vidalaya Employee (in block letters)	
	B Whether married or unmarried	
	C. If married where his/her wife/husband employed	
2.	Office in which employed: Jawahar Navodaya Vidalaya	
3.	Pay of Jawahar Navodaya Vidalaya Employee as defined in Fundamental Rules& other emoluments which should be shown separately	
4.	Place of duty	
5.	Actual residential address	
6.	Name of the patient & his/her relationship to the Jawahar Navodaya Vidalaya Employee N.B. : In case of children state age also	
7.	A. place at which the patient fell ill B. nature of illness & duration	
8.	Detail of amount claimed:	
	<u>I. Medical Attendance :</u>	
(i)	(i) Fees for consultation indicating-	
	a) The name of designation of the Medical Officer consulted & that the hospital or dispensary to which attached	
	b) The number & date of consultation & the fee paid for each consultation	
	c) The number & date of injection and the fee paid for each injection	
	d) whether consulting & injection were had at the consulting room of the Medical officer or at the residence of the patient	
(ii)	Charges for pathological, bacteriological radiological or other similar test undertaken during diagnosis indicating-	
	a) The name of the hospital or laboratory where the tests were undertaken and	
	b) Whether the tests were undertaken on the advice of the authorized medical attendance if so a certificate should be attached	
(iii)	Cost of medicines purchased from the market (List of medicines each memos & the essentially certificates should be attached)	
	<u>II. Hospital Treatment :</u>	
	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 Jawahar Navodaya Vidalaya Employee and in cases whether the accommodation is higher than the status of Jawahar Navodaya Vidalaya 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 test indicating-	
	a) The name of the hospital or laboratory at which undertaken	
	b) Whether undertaken on the advice of the medical officer-in-charge of case at the hospital if so certificate to that effect should be attached	
v.	Medicines	
vi.	Special Medicines (List of medicines, cash memos & the essentiality certificate should be attached	
vii.	Ordinary Nursing	
viii.	Special Nursing I e nurses specially engaged for 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 Jawahar Navodaya Vidyalaya Employee or patient in the former case a certificate from the medical officer-in-charge of the case & counter-signed by the medical superintendent of the hospital should be attached	
ix.	Ambulance charges (state the journey to & from undertaken)	
x.	Any other charges e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities referred to are part of facility normally provided to all patients & on choice was left to the patient	
	Note: 1. The treatment was received by the Jawahar Navodaya Vidyalaya Employee at his residence under rules, Secretary of State Services(M.A.) Rules 1844 give particulars of such treatment & attach a certificate from the authorized medical attendant required by these rules	
	2. If treatment was received at a hospital other than a Government hospital necessary detail & certificate of the authorized medical attendance that the request treatment was not available in any nearest Govt. hospital should be furnished	
	III. Consultation with Specialist :	
	Fee paid to specialist or medical officer other than the authorized medical attendant indicating-	
	a) The name and designation of the specialist or medical officer consulted & hospital to which attached	
	b) Number & dates of consultation & the fee charged for each consultation	
	c) Whether consultation was had at the hospital or the consultation room of the residence of the patient.	
	d) Whether the specialist or medical officer was consulted on the advice of the authorized medical attendant & the prior approval of the chief Administrative Medical Officer of the state was obtained, if so a certificate to that	

	effect should be attached	
9.	Total amount claimed Rs.	
10.	List of enclosures :	
11.	Less advance taken on Rs.	
12.	Net amount claimed Rs.	

DECLARATION TO BE SIGNED BY THE JAWAHAR NAVODAYA VIDALAYA EMPLOYEE

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

Sign. Of J.N.V. Employees

Date :- _____ Jawahar Navodaya Vidyalaya

FOR OFFICE USE:

Passed for Payment of Rs. (Rupees
.....)

Principal
Jawahar Navodaya Vidyalaya

Pay (Rupees)

Chairman
School Managing Committee
Jawahar Navodaya Vidyalaya

Date :

Paid Rs. (Rupees
on vide bill no dated

Principal
Jawahar Navodaya Vidyalaya