

ESSENTIALITY CERTIFICATE

Certificate 'B'

Under Central Services (Medical Attendance) Rules

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mrs./ Mrs./Miss
wife/son/daughter of Mr employed in
the **Jawahar Navodaya Vidyalaya**

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 that
the under mentioned medicines prescribed by me in this connection were essential for
the recovery/prevention 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 preparation
which are primarily foods, toilets or disinfectants:

Name of Medicines	Price
1.	
2.	
3.	
4.	

- (c) That the injections administered are/were not 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 test etc., for which an expenditure of Rs. was
incurred was necessary and were undertaken on my advice at
.....(name of the hospital or laboratory).
- (f) That I called on Dr. for specialist consultation and
that the necessary approval of the (Name of the chief
Administrative Medical Officer of the State) as required under the rules, was obtained.

PART-B

I certify that the patient has been under treatment at the
..... hospital and that the services of the 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 and Designation
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 essential for the patient's treatment.

Medical Superintendent
..... Hospital

Place:

Note:- Certificate not Applicable should be struck off. Certificate (d) is compulsory and must be filled in by medical officer in all cases.

*The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the medical Superintendent.

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

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

1.	A. Name & designation of Jawahar Navodaya Vidyalaya 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 Vidyalaya
3.	Pay of Jawahar Navodaya Vidyalaya 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 Vidyalaya 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 Vidyalaya Employee and in cases whether the accommodation is higher than the status of Jawahar Navodaya Vidyalaya 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	
<p>Note: 1. The treatment was received by the Jawahar Navodaya Vidyalaya Employee at his residence under rules, Secretary of State Servicer(M.A.) Rules 1844 give particulars of such treatment & attach a certificate from the authorized medical attendant required by these rules</p>		
<p>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</p>		
<p>III. Consultation with Specialist :</p>		
<p>Fee paid to specialist or medical officer other than the authorized medical attendant indicating-</p>		
	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 t the consultation room of the residence of the patient.	
	d) Whether the specialist or medical officer was consulted on the advice of the authorised 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