

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

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**N.B. : Seperate form should be used for each patient.**

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**1. Name & designation of Jawahar Navodaya Vidyalaya  
Employee (in block letters)**

**B. Whether married or unmarried**

**C. If married where his/her wife/husband employed**

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**2. Office in which employed : Jawahar Navodaya Vidyalaya**

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**3. Pay of Jawahar Navodaya Vidyalaya Employee  
as defined in Fundamental Rules & other empluments  
which should be shown seperately**

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**4. Place of duty**

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**5. Actual residential address**

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**6. Name of the patient & his/her relationship to the  
Jawahar Navodaya Vidyalaya Employee**

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**N.B. : In case of children state age also**

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**7. A. Place at which the patient fell ill  
B. Nature of illness & duration**

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**8. Details of amount claimed :**

**I. MEDICAL ATTENDANCE :**

**(i) Fees for consultation, indicating—**

**(a) the name & 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 & dates of injection and the  
fee paid for each injection**

**(d) whether consultation & injection were had  
at the consulting room of the Medical officer  
of 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 authorised medical attendant if so a certificate should be attached.

(iii) Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificates should be attached).

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## II. HOSPITAL TREATMENT :

Name of 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 memo & 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 facilities 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 Servicer (M.A.) Rules 1938 or rule, 7 of the C.S. (M.A.) Rules 1844 give particulars of such treatment & attached a certificate from the authorised medical attendant required by these rules.

2. If treatment was received at a hospital other than a Government hospital necessary details & certificate of the authorised medical attendant that the request treatment was not available in any nearest Govt. hospital should be furnished.

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### III. CONSULTATION WITH SPECIALIST :

Fee paid to specialist or medical officer other than the authorised 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 at the consultation room of the specialists or medical officer at 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. Nett amount claimed Rs.

**DECLARATION TO BE SIGNED BY THE JAWAHAR NAVODAYA VIDYALAYA 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.

Date.....

Jawahar Navodaya Vidyalaya

Sig. of J.N.V. Employee

**FOR OFFICE USE :**

Passed for payment for 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

# Essentiality Certificate

Certificate granted to Mr./Mrs./Miss .....  
 son/wife/daughter of Shri .....  
 employed in .....

## Certificate 'A'

(To be completed in case of patient who are not admitted to Hospital for treatment)

1. Dr..... hereby certify.
- (A) That I charged and received Rs..... for .....consultation on dated.....my consulting room/at the residence of the patient outside hospital hours.
- (B) That I charged and received Rs. .... for administering ..... inter-venus/inter-muscular/Sub-cutaneous injection on dated ..... at my consulting room/residence of the patient outside hospital hours.
- (C) That I charged NILL for consulting..... at O.P.D.
- (D) That I charged NILL for administering ..... injection on dated..... in the O.P.D.
- (E) That the injection administered were/were not immusing or prophylatics purpose.
- (F) That the patient has been under treatment at..... hospital my consulting room/at the residence of the patient and the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration of the patient.

The medicines are not stocked in the.....hospital for supply to private patient and do not includes proprietary preparations for which cheaper substances of equal theropetic value are available not preparation which are primarily foods, toilets disinfeent Ayurvedic, Unani & Homeopathic medicines.

No. & date of each cash Memo specifying amount	Name of Medicines in block letters	Quantity	Cost	
			Rs.	P.
		TOTAL		

- (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) Immunising or prophylactic purposes
  - (iii) Sterility or Sterilisation
  - (iv) Venereal diseases & deletion treatments
  - (v) Per-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, were necessary & were undertaken on my advice at ..... Hospital ..... when is Govt. hospital or laboratory.
- (J) That I referred the patient to Dr. .... for specialists consultation & that the 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 consultant 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 require/required hospitalisation
- (N) That the patient does not require/required prolonged treatment.
- (O) That the ointment/mixture entered at item ..... under certificate (F) on reverse could not be dispensed with at Government Hospital/Laboratory the patient was advised to purchase from market.

Dated .....

Signature and Designation of  
the Medical Officer and the  
hospital Dispensary to the  
which attached.

- 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.

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate \_\_\_\_\_ granted \_\_\_\_\_ to  
Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter \_\_\_\_\_ of  
Mr. \_\_\_\_\_ employed in the \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of serious deterioration in the condition of the patient. The medicines are not stocked in the \_\_\_\_\_ (name of the hospital) for supply to private patients 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:

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(c) that the injections 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 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 service 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 were essential for the patient's treatment.

Medical Superintendent  
\_\_\_\_\_ Hospital

Place:

Note:- Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the 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.