

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

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

Certificate granted to Mr. / Mrs. / Miss. Wife / Son / Daughter / Father /
 Mother of Mr. / Mrs. / Miss. employed in the

I, Dr. hereby certify

- (a) that I charged and received ₹ for consultation
 on (dates to be given) at my consulting room / at the residence of the patient;
- (b) that I charged and received ₹ for administering intrave-
 nous / intra-muscular / subcutaneous injection on (dates to be given) at
 my consulting room / the residence of the patient;
- (c) that the injection administered were not / were for immunizing or prophylactic purposes;
- (d) that the patient has been under treatment at hospital / my consulting room and that
 the undermentioned 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 hospital) for supply to private patients and do not include
 proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations
 which are primarily foods, toilets or disinfectants.

Sl. No.	Name of Medicines	Price	Sl. No.	Name of Medicines	Price
		₹			₹

- (e) that the patient is / was suffering from and is / was under my treatment from to
- (f) that the patient is / was not given pre-natal or post-natal treatment;
- (g) that the X-ray, laboratory test, etc., for which an expenditure of ₹ was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. for Specialist consultation and that the necessary approval of the (name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require / required hospitalization.

Dated:

Signature of AMA / Designation of the Medical Officer and Hospital
(Dispensary to which attached)

N.B.— Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.



Supplied by
SWAMY PUBLISHERS (P) LTD., 236, R. K. Mutt Road, Chennai—600 028

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their families—For Medical Attendance by Authorised Medical Attendant

1. Name and designation of Government servant ...
(in block letters)
- (i) whether married or unmarried ...
- (ii) if married, the place where wife/husband is employed ...
2. Office in which employed ...
3. Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately... ..
4. Place of duty ...
5. Actual residential address ...
6. Name of the patient and his/her relationship to the Government servant ...
N.B.—In the case of children state age also.
7. Place at which the patient fell ill ...
8. Detail of the amount claimed ...

I. Medical Attendance—

- (i) Fees for consultation indicating—
 - (a) the name and designation of the medical officer consulted and the hospital or dispensary to which attached ...
 - (b) the number and dates of consultation and the fees paid for each consultation... ..
 - (c) the number and dates of injection and the fee paid for each injection ...
 - (d) whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient ...
- (ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating—
 - (a) the name of the hospital or laboratory where undertaken; and
 - (b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached ...
- (iii) Cost of medicines purchased from the market ...
(Cash memos and the essentiality certificates should be attached)

II. Consultation with Specialist—

Fees paid to a Specialist or a Medical Officer other than the authorised medical attendant, indicating—

- (a) the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached ...
- (b) number and dates of consultations and the fees charged for each consultation



- (c) whether consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient ...
 - (d) whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant and 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. Less advance taken on | ... | ... | ... | Rs. |
| 11. Net amount claimed | ... | ... | ... | Rs. |
| 12. List of enclosures | ... | ... | ... | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date.....

Signature of the Government servant and Office to which attached

1. Name and designation of Government servant (in block letters) ...

(i) whether married or unmarried ...

(ii) if married, the place where wife/husband is employed ...

2. Office in which employed ...

3. Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately ...

4. Place of duty ...

5. Details of the amount claimed ...

6. Place at which the patient fell ill ...

7. Medical Attendance -

(i) Fees for consultation indicating -

(a) the name and designation of the medical officer consulted and the hospital or dispensary to which attached ...

(b) the number and date of consultation and the fees paid for each consultation ...

(c) the number and date of injection and the fees paid for each injection ...

(d) whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient ...

(ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating -

(a) the name of the hospital or laboratory where undertaken; and ...

(b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached ...

(iii) Cost of medicines purchased from the market (Cash memo and the essentiality certificates should be attached) ...

8. Consultation with Specialist -

Fees paid to a Specialist or a Medical Officer other than the authorised medical attendant, indicating -

(a) the name and designation of the Specialist or Medical Officer consulted and the hospital or ...