

BHARATI COLLEGE

(UNIVERSITY OF DELHI)

CERTIFICATE 'A'

Certificate granted to Mr./Mrs./Miss/Dr.....

Wife/son/daughter of Mr.....employed in the BHARATI COLLEGE,

I Dr.....hereby certify

- a) That charged and received Rs.....for consultation.....(dates) at my consulting room/at the residence of patient.
- b) That I charged and received Rs.....for administering.....Intra muscular injections or subcutaneous. on.....at themy consulting room/residence of the patient (dates to be given)
- c) That injections administered.....were/were not or immunising or prophylactic purpose.
- d) That the patient has been under treatment at.....Hospital/my consulting room and that the undermentioned medicines prescribed by me in the 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 substance of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfections.

Name of Medicines	No of Qty.	Price in Rupess
1.
2.
3.
4.
5.
4.
6.
7.
8.
9.
10.

Total:.....(Rupees.....)

- e) That patient is/was suffering from..... and is /was under my treatment from.....to.....
- f) That the patient is/was not given pre-natal treatment.
- f) That the X-Ray, Laboratory test etc. for which and expenditure of Rs.....was
- f) that the X-Ray, laboratory test etc. for which and expenditure of Rs.....was incurred were necessary an were undertaken on my advice at..... (Name of the Hospital Labortary)
- h) That I referred that patient to Dr.....for specialist consultation and that the necessary approval of the (Name of Chie Administrative Medical Officer of the State) as required under the rules was obtained.
- i) That the patient did not require/required hospitalisations.

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

Dated.....

N.N. Certificated not applicable should be stuck off. Certificate (e) is compulsory and must be filed in by the Medical Officer in all cases.

BHARATI COLLEGE

(UNIVERSITY OF DELHI)

CERTIFICATE 'B'

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

Certificate granted to Mr./Mrs./Dr. _____

Wife/Son/Daughter of Shri _____ employed in the Bharati College.

PART-A

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 undermentioned medicines prescribed by me in this connection were essential for the recover / 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 preparations which are primarily foods, toilets and disinfectants :

Name of Medicines (In Block Letters)	Price
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

- c) that the injections administered were / 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 tests, etc for which and expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital or laboratory);
- f) that I called on Dr. _____ for specialist consultation and that necessary approval of the _____ (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature & Designation
of Medical Officer in charge of
case at the hospital

PART-B

I certify that he patient has been under treatment at the _____ hospital and that the service of the special of nurses for which an expenditure of Rs. _____ was incurred, which bills and receipts attached, were essential for the recovery / prevention of serious deterioration the condition of the patient.

Signature & Designation
of Medical Officer in charge of
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.

Place

Medical Superintendent
Hospital

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

BHARATI COLLEGE

(UNIVERSITY OF DELHI)

C-4, JANAK PURI, NEW DELHI

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENDITURE INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF COLLEGE EMPLOYEE AND THEIR FAMILIES

SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name and Designation of the employee
(in block letters)

(i) Whether Married / Unmarried

(ii) If married the place where wife /
Husband is employed

2. Pay of the College employee and any
other emoluments, which should be shown separately.

B.Pay.
Rs.

+ Other Emoluments
+ Rs.

3. Place of Duty

4. Actual Residential Address

5. Name of the patient and his/her
relationship to the College employee
Note: In the case of Children, state age also

6. Place at which patient fell ill

7. Whether member of WUS Health Centre or Not

8. Details of the amount claimed

I. MEDICAL ATTENDANCE :

(i) FEE FOR CONSULTATION INCLUDING:

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

(b) The number and dates of consultation and
the fee 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 INDICATIONS :-

(a) The name of the Hospital or Laboratory where
the tests were undertaken on the advice

(b) Where the tests were undertaken on the advice
of the Authorised Medical Attendant, if so, a
certificate to that effect should be attached.

(iii) COSTS OF MEDICINES, PURCHASED FROM THE MARKET
(List of Medicines/Cash Memos and the essential certificates should be attached).

II. HOSPITAL TREATMENT :

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 employee and
in cases where the accommodation is higher than the status of the
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 of medical treatment on confinement :
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating :
 - (a) The name of the Hospital / Laboratory at which undertaken.
 - (b) Where the undertaken on the advise of the Medical Officer in-charge of the case at the hospital. If so, a certificate to this effect should be attached.
- (v) Medicines :
- (vi) Special Medicines (List of Medicines / cash memos and the essential certificate should be attached)
- (vii) Ordinary Nursing.
- (viii) Special Nursing : Nurses specially engaged for the patient. State whether they were employed on the advise of the medical officer in charge of the case and countersigned by the M.O. of the Hospital should be attached.
- (ix) Ambulance Charge (State the journey to and the from undertaken) In case ambulance was not available and a Taxi was used in lieu thereof then produce a certificate form the hospital to this effect that the conveyance was essential for the patient.
- (x) Any other charges, e.g. charges for electric Light, Fan, heater, Air Condition etc. State also whether the facilities normally provided to all patient and no choice was left to the patient.

- Note : 1. If the treatment was received by the employee at his residence given particulars of such treatment and attached a certificate from the authorised medical officer is required by these rules.
2. If the treatment was received by the employee at hospital other than a Govt. Hospital, or Hospital on panel of the University necessary details and the certificate of the authorised medical officer / attendant that the requisite treatment was not available in any nearest authorised hospital should be furnished.

III. CONSULTATION WITH SPECIALIST

Fees paid to a Specialist or a Medical Officer other than the Authorised medical attendant indicating :

- (a) The name and the designation of specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and fee charged for each consultation.
- (c) Whether consultation was held at the hospital at the consulting room of the specialist or medical officers or at the Residence of the patient.
- (c) Whether the Specialist or Medical Officer was consulted on the advice of A.M.A. and the prior approved of the Chief Medical Officer of the state was obtained. If so, a certificate to that effect should be attached.

8. Total amount claimed :

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whose medical expenses were incurred is wholly dependent upon me and his/her income is less than Rs. 3500/-. If any excess payment receiving from college, I Undertake to return the entire excess payment in one lumpsum.

Date :

9. List of enclosures

Signature of the employee