FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF THE EMPLOYEES OF NORTH EASTERN HILL UNIVERSITY AND THEIR FAMILIES

N.B. SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name & Designation of the employee  :
   (in block letters)
2. Office in which employed  :
3. Pay of the employee as defined in F.R.  :
   and other emoluments, which should be shown separately.
4. Place of duty  :
5. Actual residential address  :
6. (a) Name of the patient and his/her Relationship to the employee (in case of children stage age).
   (b) Marital status  :
   (C) Whether employed and if so, address of the employer and monthly income.
7. Place at which the patient fell ill  :
8. Nature of illness and its duration  :
9. Details of the amount claimed.
   (a) Fees for consultation indicating the name and designation of the medical Officer consulted or dispensary to which Attached.
   (b) The numbers and dates of consultation and fees paid for each consultation.
   © Whether consultation were at the consulting room of the medical Officer or at the residence of the patient.
   (d) Cost of medicines purchased from the market.
10. Total amount claimed  :
11. List of enclosures

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom the medical expenses were incurred is wholly dependent upon me he/she has no other source of income.

Dated.  
Signature of the employee
Department & Section to which attached.
Certificate granted to Smt/Kum/Shri.__________________________________________
Wife/son/daughter/mother/father/brother/sister of______________________________
Employed in the North Eastern Hill University, Shillong.

CERTIFICATE ‘A’

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

I, Doctor_________________________________________do hereby certified that
(a) I charged Rs.______________for consultation on ________________room/residence.
(b) That I charged Rs.___________administration intraveneous intramuscular injection___
__________________________(date to be given).
(c) That the injection administered were not for issuing for prophylactic of the purpose.
(d) That the patient has been under treatment at my consulting room prescribed by me in this
connection were essential for the recovery prevention of service deterioration in the condition
of the patient. The medicine are not stocked in_______________________for the supply to
private patient and include propriety preparation to the cheaper substance or equal
theoquatiplates or disinfecting.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the medicines</th>
<th>Price</th>
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(e) That the patient is/was suffering__________________________and is /was under my
treatment from_________________to____________________
(f) That the X-ray. Laboratory tests etc, for which an expenditure of________________
Was incurred were necessary and were undertaken under my advice at________________
________________________(name of Hospital)
(g) I referred the patient to Dr.__________________________________for specialist
Consultation and that necessary approval of the ________________________________
(name of the Hospital/Laboratory).
(h) That the patient did not require hospitalization.

Signature & Designation
Of the Medical Officer & the
Hospital/Dispensary to which attached.