

**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 intravenous 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 theophyllines or disinfecting.

Sl.No.	Name of the medicines	Price
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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.