



FORM—III

**SCHEME FOR MEDICAL FACILITIES TO NORTH D.M.C. EMPLOYEES  
FORM OF APPLICATION FOR MEDICAL RE-IMBURSEMENT CLAIMS  
BY NORTH D.M.C. EMPLOYEES**

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Municipal Employees and their families for—medical attendance/treatment taken both from an Authorised Medical Attendant and a Hospital.

1. Name and designation of Municipal Employees. ....  
(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 Municipal Employees 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 Municipal employee. ....  
*N.B.* :— In the case of children state age also.
7. Place at which the patient fell ill. ....
8. Details 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 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 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. Hospital Treatment**

Name of the Hospital

Charges for hospital treatment, indicating separately the charge for—

- (i) Accommodation (State whether it was according to the status or pay of the Municipal Employee and in cases where the accommodation is higher than the status of the Municipal Employees, 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 tests indicating—
  - (a) the name of the hospital or laboratory at which undertaken ; and .....
  - (b) whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached. ....
- (v) Medicines. ....
- (vi) Special medicines. ....  
(Cash memos and the essentiality certificates should be attached)
- (vii) Ordinary nursing .....
- (viii) Special nursing, i.e., nurses, specially engaged for the patient. (State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Municipal Employee or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached. ....
- (ix) Ambulance charges : .....
- (State the journey—to and fro—undertaken)
- (x) Any other charges, e.g., charges for electric light, fan, heater, air conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient. ....

*Note 1* :— If the treatment was received by the Municipal Employees at his residence under Rule 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules.

*Note 2* :— If the treatment was received at a hospital other than a Govt. hospital, necessary details and the certificate of the Authorised Medical Attendant that the requisite treatment was not available in any nearest Govt. 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 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 ; and .....
  - (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 was obtained. If so, a certificate to that effect should be attached. ....

- 9. Total amount claimed Rs. ....
- 10. Less advance take on Rs. ....
- 11. Net amount claimed Rs. ....
- 12. List of enclosures Rs. ....

**DECLARATION TO BE SIGNED BY THE NORTH D.M.C EMPLOYEE**

I hereby declare that the statements in the 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.

Counter Signed \_\_\_\_\_ Signature of the Municipal Employee  
and office to which attached  
(with date)

.....  
Drawing and Disbursing Officer/  
Next Superior Officer in case of Self Drawing Officer/  
Controlling Authority.

**FORM-I**  
**SCHEME FOR MEDICAL FACILITIES TO NORTH D.M.C.**  
**EMPLOYEES**

(To be issued by Authorised Medical Attendant)

**ESSENTIALITY CERTIFICATE—A**

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

Certificate granted to Mrs./Mr./Miss ..... wife/son/daughter of  
 Mr. .... employed in the Deptt. .... as (designation) .....

I, Dr. .... hereby certify :

- (a) that I charged and received Rs. ....for ..... consultations on .....  
 (date to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received Rs. .... for administering .....intra-venous/intra-  
 muscular/subcutaneous injections on .....(dates to be given) at ..... my consulting  
 room/the residence of the patient;
- (c) that the injections administered were not/were for immunising 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 for 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 or disinfectants.

Name of medicines	Price
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

- \*(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 Rs. .... 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 Medical Officer)  
 as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

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

Dated : .....

*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.

Note 1 :— In cases where double the rates of consultation fees are charged by the A.M.A. for night visits (between 10-00 p.m. and 6-00 a.m.) the A.M.A. should furnish a certificate showing why the night consultation was necessary.