

## MEDICAL CERTIFICATE

Certificate granted to Mr./Mrs./Miss. \_\_\_\_\_  
 wife/son/daughter of Mr. \_\_\_\_\_ employed  
 in the office of the \_\_\_\_\_

### CERTIFICATE - "A"

[To be completed in the case of patients who are not admitted to the hospital for treatment]

I, Dr. \_\_\_\_\_ hereby certify that :-

- (a) I charged and received Rs. \_\_\_\_\_ on \_\_\_\_\_ for consultation at my consulting room/ at the Residence of the patient.
- (b) I charged and received Rs. \_\_\_\_\_ for administering intra-muscular/sub-cutaneous injection on \_\_\_\_\_ at my consulting room/at the residence of the patient/at Dispensary outside the dispensary hours.
- (c) The injection administered were/were not immunizing or prophylactic purposes.
- (d) The patient has been under treatment at \_\_\_\_\_ hospital/dispensary/my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of patient.  
 The medicines are not stocked in the \_\_\_\_\_ for supply to private patient 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.

Sr. No.	Name of Medicine	Rs.	P.	Sr. No.	Name of Medicine	Rs.	P.
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

- (e) The patient is/was suffering from \_\_\_\_\_ and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_.
- (f) The patient is/was not given pro-natal or post-natal treatment.
- (g) The X-ray laboratory test etc. for which an expenditure of Rs \_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_.
- (h) I referred the patient to Dr. \_\_\_\_\_ for specialist consultation. Necessary approval of the \_\_\_\_\_ (Name of the Chief Administrative Medical Officer) as required under the rules was obtained.
- (i) The patient did not require/required hospitalisation.

Dated \_\_\_\_\_

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

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

**Form of application for claiming refund of medical expenses incurred in connection with Medical attendance and/ for treatment of Central Government Servants and their families**

1. Name and designation of the Government servant.....  
(in block letters)
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 .....
7. Relationship with the Government servant (In the case of children state age also).....
8. Place at which the patient fell ill .....
9. Details of the amount claimed:-
  - (i) Fees for consultation .....(ii) Labotary/Testing charges.....
  - (iii) X-Ray/Ultrasound/C.T. Scan/MRI charges.....
  - (iv) Costs of medicines purchased from the market.....
  - (v) Other charges .....
10. Total Amount claimed Rs.....
11. Less advance taken on Rs.....
12. Net amount claimed Rs.....  
(Rs.....)
13. List of enclosures:

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**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

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 medical expenses were incurred is wholly dependent upon me.

**Signature of the Government servant  
and office to which attached**