

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

FORM-I

(REIMBURSEMENT OF MEDICAL EXPENSES)

Application form for claiming reimbursement of medical expenses incurred in connection with medical attendance and/or treatment of employees and their families for medical attendance/treatment taken both from an Authorized Medical Attendant and a Hospital.

Employee Code: _____

Medical Health Card No. _____

1. Name and designation of NIT Uttarakhand employee	
a) Whether married or unmarried	
b) If married, the place where wife / husband is employed	
2. Office in which employed	
3. Pay of the employee as defined in the FR 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 employee (in the case of children state age also)	
7. Place at which the patient fell ill	
8. Details of the amount claimed	
9. Date of Admission in the Hospital/Nursing Home	
10. Nature of Treatment/Disease (Surgery/Operation) etc.	
11. Whether treatment done at Empanelled hospitals or referred by Govt. Hospital/Authorized Medical Attendant	
I. MEDICAL ATTENDANCE	
1) 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 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	
2) 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 Authorized Medical Attendant. If so, a certificate to that effect should be attached.	
3) Cost of medicines purchased from the market (cash memos and the essentiality certificates should be attached)	

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II. HOSPITAL TREATMENT	
Name of the Hospital	
Charges for hospital treatment, indicating separately the charges for	
1) 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)	
2) Diet	
3) Surgical operation or medical treatment or confinement	
4) 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/AMA Incharge of the case at the Hospital. If so, a certificate to that effect should be attached	
5) Medicines	
6) Special medicines (Cash memos and the essentiality certificates should be attached)	
7) Ordinary nursing	
8) 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 Government servant 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	
9) Ambulance charges—if it is certified in writing by the AMA that conveyance of the patient by any other means of conveyance would definitely endanger the life of the patient or grossly aggravate the conditions of his/her health.	
10) Travelling Allowance for Medical Attendance and/or Treatment (Rule 4 and Appendix-VII of CS (MA) Rules, 1944) – furnish separate TA Form enclosed at Page No.4 of this form	
11) 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 employee at his residence under Rule 7 of the C.S. (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorized Medical Attendant (AMA) as required by these rules.	
NOTE: 2. If the treatment was received at a hospital other than a Govt. Hospital/necy. details and the certificate of the Authorized Medical Attendant (AMA) 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 authorized 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 consultation and the fees charged for each consultation	
c) Whether consultation had was at the Hospital or 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 Authorized Medical Attendant (AMA) and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.	

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11. Total amount claimed ₹ (In Words)					
12. Less advance taken on					
13. Net amount claimed					
14. Medical bill details are as follows:					
S.No.	Bill No.	Bill date	Name of Hospital/Medical store	Prescribed/charged by	Amount
Total					
NOTE: 1. Income declaration for claims pertaining to dependence to be furnished in the prescribed form.					
2. Joint declaration to be furnished in the case of spouse employed in a Govt./autonomous organisation where similar facilities are available.					
Declaration to be signed by the NITUK Employee					
<i>I hereby declare that the statements in the 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. I or my dependent have not claimed any reimbursement for the above treatment from any other sources.</i>					
<i>The particulars/information furnished above is complete and correct and I have not suppressed any relevant information. Further, I am aware that, if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action under CCS (Conduct) Rules, 1964.</i>					
Date: _____					
Signature of the Employee and Office to which attached					
NB: Applications for reimbursement submitted after six months of treatment will be out rightly rejected, no communication in this regard will be made with applicant.					

Forwarded/Not Forwarded

Counter Signature of HoD/Section Head/Registrar/Director

FOR OFFICE USE ONLY

A) Amount claimed: ₹ _____

B) Total amount reimbursed: ₹ _____

Nurse

Medical Officer

Superintendent (Accounts)

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TA/DA EXPENSES CLAIM FOR MEDICAL ATTENDANCE AND/OR TREATMENT

1. Name of the employee: _____ 2. Employee Code: _____
3. Designation : _____ 4. Pay Level: _____
5. Dept./Section: _____ 6. Basic: ₹ _____

A. PARTICULARS OF JOURNEY						Mode of journey (Air/Train/ /Bus/Taxi etc.)	Distance (in km)	Fare (in ₹)	Ticket Nos./ Bill No./ Remarks
Departure			Arrival						
Station	Date	Time	Station	Date	Time				
Total (A)								₹	

(If travelled by Air, boarding pass should be enclosed)

B. OTHER CHARGES	Period		Bill No	No. of Days	Rate per day including GST	Amount (in ₹)	Remarks
	From	To					
Daily Allowance							
Total (B)						₹	
C. Grand Total (A+B) Rupees _____						₹	
D. Less : Advance taken, if any _____						₹	
E. Net Payable (C-D) Rupees _____						₹	

It is certified that the claims made above are based on the actual amount spent by me and have not been claimed by me and/or paid to me from any other source.

Signature of Claimant with date

Counter Signature of HoD/Section Head/Registrar/Director

NOTE:

1) Travelling allowance at the rates specified in these orders will be admissible only when

(a) the journey undertaken is outside the limits of the same city – Municipal or Corporation area, Military Station, Cantonment Board area, etc., and exceeds 8 kilometres each way; and

(b) it is certified in writing by the Authorized Medical Attendant or by the Specialist to whom the patient was referred by the Authorized Medical Attendant or by a competent Medical Officer attached to the hospital to which the patient was referred by the Authorized Medical Attendant for medical attendance and treatment, that the journey was unavoidably necessary to obtain appropriate medical attendance and treatment under the relevant Medical Attendance Rules and Orders.

(c) An attendant/escort will be entitled to travelling allowance both ways at the rates admissible under these orders to a member of family of the Government servant concerned, provided it is certified in writing by the Medical Authorities mentioned in these orders that it is unsafe for the patient to travel unattended and that an attendant/escort is necessary to accompany him/her to the place of treatment. Similarly, travelling allowance will also be admissible if it becomes necessary for an attendant/escort to travel again to fetch the patient on production of the necessary certificate mentioned above.

(d) Advance of travelling allowance to the extent admissible under these orders may be granted to Government servants at the discretion of the authority competent to sanction advance of TA on tour on production of a certificate in writing from the Medical Authorities mentioned in these orders to the effect that the Government servant or a member of his/her family has been advised medical attendance and treatment outside the station in accordance with the relevant Medical Attendance Rules and Orders. The advance to the temporary Government servant would be admissible subject to the production of surety from a permanent Government servant.