

NATIONAL INSTITUTE OF BIOLOGICALS
(Ministry of Health & F.W.)

**FORM OF APPLICATIONS FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED
IN CONNECTION WITH MEDICAL ATTENDANCE AND OR TREATMENT OF EMPLOYEES
AND THEIR FAMILIES.**

(FOR IN DOOR TREATMENT)

1. Name & Designation of NIB 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 Govt. 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 and his/her relationship to the NIB employees: ::
7. Place at which the patient fell ill ::

HOSPITAL TREATMENT

- Name of the hospital ::
- Charges for hospital treatment, indication separately the
Charges for ::
- (i) Accommodation (State whether it was according to status or pay of the government servant and in case where the accommodation is higher than the status of the government servant, 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 or that effect should be attached ::
- (v) Medicine ::
- (vi) Special medicine (cash memos and the

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- Essentiality Certificate 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 charges of the case at the Hospital or at the request of the government servant or Patient. In the former case a certificate from the M.O. In-charge of the case and countersigned by the M.S. 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 A/C 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

Consultation with Specialist

Fee paid to a Specialist or a M.O. other than the Authorized Medical Attendant, indicating

- (a) The name and designation of the specialist or M.O. consulted and the hospital to which attached
- (b) Number and date of consultation and the fees Charged for each consultation
- © whether consultation was had at the hospital at the At the consulting room of the specialist or M.O. Or at the residence of the Patient ; and

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

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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.

Dated :

Signature of the Government Servant
and office to which attached.