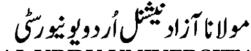
मौलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी अंजूर्य है ।



MAULANA AZAD NATIONAL URDU UNIVERSITY



(A Central University established by an Act of Parliament in 1998)
(Accredited "A" Grade by NAAC)
ADMINISTRATION & GOVERNANCE SECTION

MEDICAL REIMBURSEMENT CLAIM FOR INPATIENT TREATMENT

	Temporary nave	I.D.No	
		SBI/IOB Bank A/c:	
			Cell No.
Not	e: Separate application form should be submitted for	eacł	n patient:
1.	Name & Designation of the employee		
1.	(in block letters)	•	
2.	Department / Section	:	
3.	Pay including special pay	:	
4.	Place of duty	:	
5.	Actual residential address	:	
6.	(i) Name of the patient and his/her relationship to the employees (age may please be indicated in case of children)(ii)If married, whether wife/husband is	:	
	employee	:	
7.	Address/Place at which the patient fell ill	:	
8.	Details of charges paid for Specialists service indicat	ing:	
	(i) Consultation on		.amount paid ₹
	(ii) Injections on		.amount paid ₹
9. a)	Charges for hospital treatment: For accommodation whether it was Accordingly to the status or pay of the university employee, if higher accommodation than the entitled on is provided a certificate from the Medical Officer in charge to that effect that the accommodation to which the University employees was entitled was not available to be attached.	:	Rs.
b)	Operation theatre Charges	:	₹
c) d)	Surgical operation/Medical treatment Pathological, bacteriological, radiological or other	:	₹
4.5	similar Lab tests including	:	₹.
(i)	The name of hospital or lab, at which undertaken	:	₹
(ii)	A certificate of the medical officer in-charge of the case of the hospital devising the tests	:	₹
e)	Medicines including special medicines	:	₹.
f)	Nursing charges duly supported by certificate of		
	the medical officer advising such services		₹.

g)	Ambulance Charges receip amount, the journey to and fr with essentiality certificate)				
h)	Any other charges eg. Electronic heater, air conditioning etc, the facilities normally provided and no choice was left to patient	indicating whether ided to all patients			
10.	Total amount claimed		:		
11.	 List of enclosures (i) Essentiality certificate 'B' dated (ii) (a) Doctor's prescription dated (b) Certificate dated 		: :: ::		
(iii)	,	Name & address of ne medical Shop	Name of the medicine and quantity	Price ₹ Ps.	
(b) (c) (d) (e) 12.	owledge and belief and that the pendent upon me.	Nostatements made in	the application are true to	₹ the best of my	
			Signature of the Unive	ersity employees	
I E	FOR USI Gee paid for accommodation	E IN FINANCE & ACCO	UNTS DEPARTMENT II. Amount paid so far	₹.	
	Outside Medicines	₹	Amount of the bill	Rs.	
	Medicines provided in Hospital		Progressive total	Rs.	
	Surgeon Charges	₹	rregressive ve uni	1.0.	
	Anaesthelist Charges	₹			
	Laboratory Test	₹			
	For other services	₹			
		(Rup	ees	Onlv)	
			ees		

Section Officer

Dealing Assistant

Asst. Finance Officer

Certific	cate granted to Mrs./Mr./Misswife/son/daughter
of	employed in the
	CERTIFICATE "B"
(To be the hos	signed by the Medical Officer in-charge of thecase of spital).
	I, Drhereby certify the following
(a)	That the patient was admitted to hospital on the advance of
(b)	That the patient has been under treatment at
	NAME OF MEDICINES PRICE ₹. Ps.
(c)	That the injections administered were/were not for immunising or prophylactic purposes.
(d)	That the patient is/was suffering fromand is/was under treatmentto
(e)	That the X-Ray, Laboratory tests etc for which an expenditure of Rsincurred were necessary and were undertaken on my advice at(name of hospital or laboratory).
(f)	That I called on Dr

Medical Officer of the State as required under the rules was obtained.

Signature and Designation of the Medical Officer-in-charge Of the case at the hospital

PART - B

has

been

under

treatment

at

patient

Ι

certify

that

the

thehospital and that the service of the special nurses, for which an			
expenditure of Rswas incurred vide bills and receipts attached, were essential			
for the recovery/prevention of serious deterioration in the condition of the patient.			
Signature of the Medical Officer-in-Charge of the case at the Hospital			
COUNTERSIGNED			
MEDICAL SUPERINTENDENT			
Hospital			
* I certify that the patient has been under treatment at			
the Hospital and that the facilities provided were the minimum			
which were essential for the patient's treatment.			
Medical Superintendent			
Place			
Date			

NB: Certificate not applicable should be struck off. Certificate (B) is compulsory must be filled in by the Medical Officer in all cases.

^{*} The minimum facilities certificate may be signed either by the Medical Superintendent of the hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent.