

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL
EXPENSES INCURRED IN CONNECTION WITH MEDICAL
ATTENDANCE AND / OR TREATMENT OF
JAWAHAR NAVODAYA VIDYALAYA EMPLOYEE &
THEIR FAMILY**

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N.B. :- Separate form should be used for each patient

**1. A. Name & designation of the Jawahar Navodaya Vidyalaya
Employee (in block letters)**

B. Whether married or unmarried

C. If married where his/her wife/husband employed

2. Office in which employed : Jawahar Navodaya Vidyalaya

**3. Pay of Jawahar Navodaya Vidyalaya Employee
as defined in Fundamental Rules & other emoluments
which should be shown separately**

4. Place of duty

5. Actual residential address

**6. Name of the patient & his/her relationship to the
Jawahar Navodaya Vidyalaya Employee**

N. B. : In case of children state age also

7. A. Place at which the patient fell ill

B. Nature of illness & duration

8. Details of amount claimed :

I. Medical Attendance :

(i) Fees for consultation indicating—

(a) the name of designation of the Medical
Officer consulted & that the hospital or
dispensary to which attached

(b) the number & date of consultation & the
fee paid for each consultation

(c) the number & date of injection and the
fee paid for each injection

(d) whether consultation & injection were had
at the consulting room of the Medical Officer
or at the residence of the patient

(ii) Charges for pathological, bacteriological radiological or other similar test undertaken during diagnosis indicating—

(a) the name of the hospital or laboratory where the tests were undertaken and

(b) whether the tests were undertaken on the advice of the authorised medical attendant if so a certificate should be attached

(iii) Cost of medicines purchased from the market (List of medicines cash memos & the essentiality certificates should be attached)

II. Hospital Treatment :

Name of Hospital

Charges for hospital treatment indicating separately the charges for—

(i) Accommodation

(State whether if was according to the status or pay of the Jawahar Navodaya Vidyalaya Employee and in cases whether the accommodation is higher than the status of Jawahar Navodaya Vidyalaya Employee 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 amputation

(iv) Pathological bacteriological, radiological or other similar test indicating—

(a) the name of the hospital or laboratory at which undertaken

(b) whether undertaken on the advice of the medical officer-in-charge of case at the hospital if so certificate to that effect should be attached

cash memos & the essentiality certificates should be attached)

(vii) Ordinary Nursing

(viii) Special Nursing i.e. nurses specially engaged

for patient state whether they were employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Jawahar Navodaya Vidyalaya Employee or patient in the former case a certificate from the medical officer-in-charge of the case & counter-signed by the medical superintendent of the hospital should be attached

(ix) Ambulance charges

(State the journey to & from undertaken)

(x) Any other charges e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities referred to are part of facilities normally provided to all patients & on choice was left to the patient

Note:1 The treatment was received by the Jawahar Navodaya Vidyalaya Employee at his residence under rules, Secretary of State Services (M.A.) Rules 1938 or rule 7 of the C.S. (M.A.) Rules 1844 give particulars of such treatment & attach a certificate from the authorised medical attendant required by these rules

2 If treatment was received at a hospital other than a Government hospital necessary details & certificate of the authorised medical attendant that the requested treatment was not available in any nearest Govt. hospital should be furnished

III. Consultation with Specialist :

Fee paid to specialist or medical officer other than the authorised medical attendant indicating—

- (a) The name and designation of the specialist or medical officer consulted & hospital to which attached
- (b) Number & dates of consultation & the fee charged for each consultation
- (c) Whether consultation was had at the hospital at the consultation room of the specialists or medical officer at the residence of the patient.

(d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant & the prior approval of the Chief Administrative Medical Officer of the State was obtained, if so a certificate to that effect should be attached

9. Total amount claimed Rs

10. List of enclosures :

11. Less advance taken on Rs.

12. Nett amount claimed Rs.

Declaration to be signed by the Jawahar Navodaya Vidyalaya Employee

I hereby declare that the statement in this 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.

Sig. of J.N.V. Employee

Date.....

Jawahar Navodaya Vidyalaya

FOR OFFICE USE :

Passed for payment for Rs (Rupees.....)

Principal
Jawahar Navodaya Vidyalaya

Pay (Rupees.....)

Chairman
School Managing Committee
Jawahar Navodaya Vidyalaya

Date.....

Paid Rs..... (Rupees.....) Dated.....
on..... vide Bill No.....

Principal
Jawahar Navodaya Vidyalaya