

OFFICE OF THE REGISTRAR
Pt. RAVISHANKAR SHUKLA UNIVERSITY, RAIPUR (C. G.)

FORM I
FORM OF APPLICATION
(SEB RULE 8 (1))

3128
No. -----

(N. B. - Separate Form should be used for each patient)

1. Name and designation of the Officer
(In Block Letters) _____
2. Office in which employed _____
3. Pay of the Officer 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 Officer. _____
(A) Date of Birth. _____
(B) Number in order of Birth. _____
(C) Total number of children. _____

(N. B. :- In the Case of Children state also)

7. Place at which the Patient fall ill _____
 8. Nature of illness and its duration _____
 9. Details of the amount claimed _____
- (I) **Medical Attendance :-**
- i) 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 consultations
and the fee paid for each consultations _____
 - (c) Whether consultations were held at the
hospital, at the consulting room of the
medical officer or at the residence of the
Patient _____
 - (ii) **Charges for pathological, bacteriological
radiological or other similar tests
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, and if so, a certificate to that
effect should be attached. _____
 - (iii) **Cost of medicines** purchased from the
market.
(List of medicines, cash memos. and the
essentiality certificates should be attached) _____
- (II) **Hospital treatment charges :-**
- Charges for hospital treatment. indicating separately the charges for :-
- (i) **Accommodation** (State whether it was according to the status or pay of the officer and
in cases where the accommodation is higher than the status of the Govt Servant,
Certificate should be attached to the effect that the accommodation to which he was
entitled was available.) _____

(ii) Diet.

(iii) Surgical operation or medical treatment

(iv) Pathological Bacteriological Radiological or other similar tests indicating :-

(a) The name of the hospital or laboratory of which under taken, and

(b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital, If any a certificate to that effect should be attached

(v) Medicines :-

(vi) Special Medicine :-
(List of medicines case memo, and the essentiality certificate should be attached)

(vii) Ordinary nursing

(viii) Special nursing i. e. nurses specialy engaged for the 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 Govt, Servant or patient In the former case and certificate from the M. D. I/C of the case and countersigned by the Medical Superintendent of the hospital should be attached.

(ix) any other charges e. g. Charges for electric lights, fans heaters, air condition-ing, etc. State also whether the medicines referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

Note :- If the treatment was received by the Officers at his residence give particulars of such treatment and attached certificate from the authorised medical attendant

(x) Total amount claimed.

(xi) List of enclosures.

(Declaration to be signed by the Officers)

I here by declare (that the statements in this application are true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is wholly dependent upon me.

Dated _____ 20

Signature of the officer and
office to which attached

A/c No.	_____
IPSC Code	_____
Mobile No.	_____

FORM OF ESSENTIALITY CERTIFICATE

[SEE RULE 8 (A)]

A- In case of medicines not included in the priced vacabulary of the Medical Stores Deptt.

Certified that Shri/Shrimati/Kumari _____

Son/Wife/Daughter/Mother/Father of Shri _____ employed in the

Pt. R. S. S. U., Raipur (C. G.) has been under my treatment from _____

to _____ for _____ (Name of the disease) at the _____

_____ hospital as Indoor / outdoor patient and that the under mentioned medicines have been prescribed by me in this connection. These medicines are not included on the priced vacabulary of the Medical Stores, nor are they preparations which are primarily foods, toilets or disinfectants, These medicines were actually essential for the treatment of the aforesad patient :-

Name of Medicines/Quantity	Date of Purchase	Amount Rs.
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Signature and designation of the authorised
Medical attendant,

Signature of the Medical Officer I/C of the
case at the hospital