

NATIONAL INSTITUTE OF EPIDEMIOLOGY, (ICMR), AYAPPAKKAM, CHENNAI – 600 077  
APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES INCURRED  
IN CONNECTION WITH MEDICAL ATTENDANCE OR TREATMENT OF CENTRAL GOVT.  
SERVANTS AND THEIR FAMILIES

01.	Name	
02.	Designation	
03.	Pay	
04.	Grade Pay	
05.	Residential Address	
06.	Place of Duty	
07.	Name of the Patient	
08.	Relationship to the Govt. Servant	
09.	Incase of children state age also	
10.	<b>DETAILS OF THE AMOUNT CLAIMED</b>	
I	<b>MEDICAL ATTENDANCE FEES FOR CONSULTATION INDICATION</b>	
A.	The Name & 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 consultation	
C.	The Number and Dates of Injection and the fee paid for each Injection	
D.	Whether consultations and/or Injection were had at the Hospital at the consulting room of the Medical Officer or at the residence of the Patient	
II	<b>CHARGES FOR PATHOLOGICAL, BACTERIOLOGICAL, RADIOLOGICAL OR OTHER SIMILAR TESTS UNDERTAKEN DURING DIAGNOSIS INDICATIONS</b>	
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 to that effect should be attached.	
III	<b>COST OF MEDICINES PURCHASED FROM THE MARKET</b>	
	(List of Medicines, Cash Bills/Receipt/Memos and the Essentiality Certificate should be attached)	

P.T.O.

IV	CONSULTATION WITH SPECIALIST: FEES PAID TO A SPECIALIST OR A MEDICAL OFFICER OTHER THAN THE AUTHORISED MEDICAL ATTENDANT INDICATING	
A.	The Name & Designation of the Specialist or Medical Officer Consulted and the Hospital to which attached.	
B.	The Number and Dates of consultations and the fee charged for each consultation	
C.	Wether consultations was had at the Hospital, at the consulting room of the specialist or Medical Officer at the residence of the patient	
D.	Wether the Specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the Province was obtained. If so, a Certificate to that effect should be attached	

11.	TOTAL AMOUNT CLAIMED	
12.	LESS ADVANCE TAKEN ON	
13.	NETT AMOUNT CLAIMED	
14.	LIST OF ENCLOSURES AS DETAILED BELOW:	
	1.	
	2.	
	3.	
	4.	
	5.	

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the Statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

PLACE :

SIGNATURE OF THE GOVERNMENT SERVANT

DATE :

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_