

ICAR-NATIONAL RESEARCH CENTRE ON MEAT
Chengicherla, Hyderabad-500 092

CERTIFICATE “A”

(To be completed in the case of a patient who is not admitted to hospital for treatment.)

Certificate granted to Wife/son/daughter of.....
employed in the office of the NATIONAL RESEARCH CENTRE ON MEAT, HYDERABAD

I K. MADHAV REDDY hereby certify

- (a) That I charged and received Rs.....for consultation onat my consulting room/at the residence of the patient after/before hospital, dispensary hours.
- (b) That I charged and received Rs.....for administering..... Intravenous/ intramuscular/subcutaneous injections on at my consulting room/or the residence of the Patient.....
- (c) That the Injections administered were not immunizing or prophylactics purposes.
- (d) That the patient has been under treatment at hospital/ consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the.....hospital for supply to patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available, not preparations which are primary foods, toilets or disinfectants.

S/No.	Date & No. of Bill	Name of Medicines	Price
		TOTAL	

- (e) That the patient is/was suffering from.....and is/was under my treatment from.....to
- (f) That the X-Ray laboratory tests etc. datedfor which the expenditure of Rs.140.00was incurred were necessary and were undertake on my advice at the
- (g) That the patient did not required hospitalization.
- (h) That I referred the patient to Dr.....for special consultation and that the necessary approval of theas required under the rules was obtained vide his letter/memo Nodated.....
- (i) That the case was definitely not of prolonged treatment.
- (j) That Hospital/Dispensary to which I am attached is recognized for treatment for the central Government Employees.
- (k) That I was not on privilege leave during this period of treatment.
- (l) That the treatment is over/continuing.

Signature & designation of the
Medical Officer

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE OR TREATMENT OF
CENTRAL GOVERNMENT SERVANTS & FAMILIES**

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|-------|--|---|--|
| 1. | Name and Designation of the Govt. Servant
(in BLOCK LETTERS) | : | |
| 2. | Pay of Govt. Servant as Defined
in the Fundamental Rules & any
other emolument, which should
be shown separately . | : | |
| 3. | Office in which employed | : | ICAR-NRC ON MEAT |
| 4. | Place of duty | : | HYDERABAD |
| 5. | Actual residential address | : | |
| 6. | Name of the patient & his/her relationship with the
Government servant (N.B. In case of children state
age also). | : | |
| 7. | Place at which the patient fell ill. | : | |
| 8. | Details of the amount. | : | |
| | (i) Medical attendance. | : | |
| | (ii) Fees for consultation including. | : | |
| (a) | The name and designation of the medical officer
Consulted and the Hospital or Dispensary to which
attached. | : | DR. K. MADHAV REDDY |
| (b) | The number & date of consultation, and the fee paid:
for each consultation. | : | |
| (c) | The number and dates of injections & fee paid for
each Injection. | : | |
| (d) | Weather consultation and/or Injections were had at
the hospital/at the consulting room of M.O./ at the
residence of the patient. | : | |
| (iii) | Cost of Medicines, purchased from the market
(list of med., cash memos & the Essentially cert. should be attached) | : | |
| 9. | Total amount claimed. | : | |
| 10. | List of enclosures. | : | Essentiality Certificate (Overleaf)
Cash memo, Prescription |

.....M.G.A.....

DECLARARATION TO BE SIGNED BY THE GOVT. SERVANT

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

Signature
Office to which Govt. Servant attached
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