

CENTRE FOR ADVANCED TECHNOLOGY
Form of Application For Medical Claims Under
Ayurvedic/Homeopathic Treatment

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their families, for Medical Attendance by Authorised Medical Attendant under Homeopathy/Ayurvedic system.

1. Name of the employee :
 - a) Designation :
 - b) Comp. Code No./Divn. :
 - c) Pay :
 - d) CHSS No. :
2. Name of the patient, relationship with the employee and age.
3. Ailment for which treatment availed :
4. Details of Medical Attendance and Amount Charged
 - 4.1 a) No. of consultation with dates :
 - b) Fees charged for consultation : Rs. _____

4.2 Details of Medicines supplied and charged

Sr. No.	Name of Medicine	Quantity	Amount

4.3 Details of medicines prescribed for purchase from outside
(Attach bills duly countersigned by the doctor)

4.4 Any other charges (specify)

Sr. No.	Name of Medicine	Quantity	Amount

Enclosers: (i) PRESCRIPTION ())
(ii) BILLS ())

Total amount claimed Rs. _____

Date: _____

Signature of the employee _____

ESSENTIALITY CERTIFICATE "A"
(To be filled by the attending Homeopath/Vaidya)

I certify that the patient _____ has been under my treatment at the clinic/Hospital at _____ from _____ to _____ for _____ (name of the ailment)

The following medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.

S.No.	Name of Medicine	Potency	Quantity	Batch No.	Amt. Charged

Rs. _____

Total Rs. _____

1. (a) No. of consultants:
(b) Charges for medicines:

Rs. _____

Signature _____

Place: _____

Date: _____

Name of the Homeopath/Vaidya _____

CERTIFICATE "B"
(Declaration to be signed by the Government Servant)

I hereby declare that the statements 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. The details of expenditure incurred are correct and has actually been paid by me.

Place: _____

Signature _____

Date: _____

Name of the Employee _____