

CERTIFICATE "A"
ESSENTIAL CERTIFICATE

Certificate granted to Mr./Mrs./Miss _____ wife/son/daughter of _____ employed in the office of the. Accountant General (Audit) Punjab Chandigarh.

I, Dr. _____ hereby certify:-

- (a) that I charged and received Rs..... for consultation on (date to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received Rs..... for administering....., intravenous/intra-muscular/subcutaneous injections on..... (dates to be given) at..... my consulting room/the residence of the patient;
- (c) that the injections administered were not/were for immunizing or prophylactic purpose;
- (d) that the patient has been under treatment at hospital/my 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.....(name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are preliminary foods, toilets or disinfectants;

Name of Medicines

Price (in Rs.)

Name of Medicines

Price (in Rs.)

- (e) that the patient is/was suffering from _____ and is/was under my treatment from to.....;
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray, laboratory test, etc., for which an expenditure of Rs..... was incurred was necessary and were undertaken on my advice at
- (h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the(name of the CAO of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalization.

Dated:-.....

**Signature of AMA/ Designation of the
Medical Officer and hospital/
dispensary to which attached**

Application form for Medical Claim

.....

1. Name & Designation of Government Servant (In block letters)
 - (i) whether married or unmarried
 - (ii) if married the place where wife/husband is employed
2. Office in which employed
3. Pay of the Government servant 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 Government servant
(in case of children state age also)
7. Place at which the patient fell ill
8. Details of the amounts claimed:-
 - (i) Fees for consultation indicating-
 - (a) the name and designation of the Medical Officer consulted and the hospital/dispensary to which attached
 - (b) the number and dates of consultation and the fee paid for each consultation
 - (c) the number and dates of injection and the fee paid for each injection
 - (ii) Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken during diagnosis indicating-
 - (a) the name of the hospital or laboratory where undertaken
 - (b) whether the tests were under taken on the advice of the AMA, if so, a certificate to that effect should be attached
 - (iii) Cost of medicines purchased from the Market
9. Total amount claimed
10. Less advance taken on
11. Net amount claimed

Declaration to be signed by the Government Servant

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

Date:-.....

Signature of the Government Servant
Section:-
Office of the Accountant General (Audit),
Punjab, Chandigarh

EXTRACT OF MEDICAL CLAIM

1. Name & Designation of Government Servant and Section to which he/she belongs and pay drawn
2. Residence/place at which patient fell ill
3. Name of the Patient and his/her relationship to the Government servant (*in case of children stage age also*)
4. Name of the disease and period of Medical Attendant and treatment given in Certificate 'A'
5. Name of Authorised Medical Attendant & Hospital to which attached
6. Fee paid to Authorised Medical Attendant, No. & date of authorized local attendant receipt
7. Date of consultation
8. No of injection administered with date
9. No. of injection-IV injection
10. **Name of Chemist Bill No. & Date Name of Medicine Amount (Rs.)**

**Consultation Fee
Total**

Declaration to be signed by the Government Servant

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date:-.....

Full Signature of the Government Servant

_____/TR- ____Dated

Forwarded in original to OE-II Section for necessary action.

Sr. AO/AO/AAO

For office use only

Scrutinized and passed for Rs.

AAO

Sr. AO/AO

D.A.G (Admn)

ESSENTIALITY CERTIFICATE

CERTIFICATE-B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss
wife /son/daughter of Mr./Mrs./Miss
employed in

PART-A

I, Dr. hereby certify :-

- (a) that the patient was admitted to hospital on the advice of (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at and that the undermentioned 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 (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

- 1.
- 2.
- 3.
- 4.
- 5.

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from and is/was under treatment from _____ to _____;
- (e) that the X-ray, laboratory test etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory);
- (f) that I called on Dr. for specialist consultation and that the necessary approval of the (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

:2:

PART B

I certify that the patient has been under treatment at the hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge
of the case at the hospital.

COUNTERSIGNED

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

Place Hospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.

* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent. (G.I.M.H.,O.M. No.F-2-35/52-LSG (H.I.) dated 19.9.1958)