

Medical Expenses Claim Form

Government of India  
National Informatics Centre

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/treatment taken from an Authorised Medical Attendant/Hospital.

(N.B. - SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

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1. NAME & DESIGNATION of the Government :  
Servant (in Block Letters)

i) Whether Married or Unmarried :

ii) If married, the place where wife/husband is :  
employed

2. Office/Division 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

N.B.- In the case of children, State age also

7. Place at which the patient fell ill :

8. Details of the amount claimed :

I. MEDICAL ATTENDANCE

(i) Fees for consultation indicating :

(a) The name & designation of the medical :  
Officer consulted and the hospital or  
dispensary to which attached

(b) The number and dates of consultation and :  
the fee paid for each consultation

(c) The number & dates of injection and the :  
fee paid for each injection

(d) Whether consultation and/or injections :  
were had at the hospital, at the consulting  
room of the medical officer or the residence  
of the patient