



डा बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR

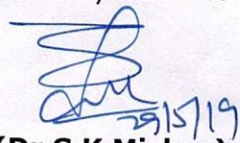
Ref. No.NITJ/Reg/ 7808-49

May 29, 2019

OFFICE ORDER

In pursuance to the approval of competent authority and as per provisions of Central Civil Services (Medical Attendance) Rules 1944, the following procedure for reimbursement of medical expenses incurred towards purchase of medicines and consultation fee, if any shall be followed:-

- 1) At the first instance, the employee/patient shall visit the Institute Dispensary for getting prescription/advice from the Medical Officer of the Institute Dispensary.
- 2) After getting prescription/advice of the Medical Officer of the Institute Dispensary, employee concerned shall procure the medicines on payment against bill/invoice from Institute pharmacist/Chemist shop in case of OPD only.
- 3) In case, an employee/patient is referred by the Medical Officer of the Institute Dispensary to empaneled hospital outside the Campus, an employee/patient after getting prescription/advice from the Doctor of that empaneled hospital shall procure the medicines on payment against bill/invoice from Institute pharmacist/Chemist shop only. However, in case of an emergency, an employee/patient may also procure medicines from outside medical shops.
- 4) Thereafter, the claim for reimbursement shall be submitted by the concerned employee to the Institute Dispensary in the prescribed form under CSMA Rules 1944 followed by essential certificate duly signed by Medical officer of the dispensary.
- 5) After receipt of the claim from the concerned employee, the Institute Dispensary after due verification shall forward the claim of employee to Accounts Section for reimbursement and payment shall be made directly to employee.
- 6) No direct payment to the pharmacist/chemist shop shall be made by institute with immediate effect.


(Dr S K Mishra)
Registrar

A copy of above is forwarded to the following for information and compliance:

1. All Deans/Heads of the Departments/Centres/Sections/Cells/Chief Warden/Wardens/ Librarian/Medical Officer
2. All Assistant Registrars
3. PA to Director- for information of the Director
4. Office Order file

FORM - I
FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT
 (See Rule [8] I)

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

1. Name and designation of government
Servant in block letters. _____
 2. Office in which employed _____
 3. Pay of the Government servant as defined in
the fundamental Rules and any other employ-
ment which should be shown separately. _____
 4. Place of duty. _____
 5. Actual residential Address. _____
 6. Name of the patient and his/her relation
Government Servant. _____
 (N.B. in the case of children, stage I,
S.No. of Child
 (i) Date to the _____
 (ii) Number in order of birth _____
 (iii) Total number of children _____
 7. Place at which patient fell ill. _____
 8. Name of illness and duration _____
 9. Details of the amount claimed. _____
- I - Medical attendance :-**
- (i) Fees of consultation indicating - _____
 - (a) The name and designation of the
Medical Officer consulted and
hospital or dispensary to which
attached. _____
 - (b) The number and dates and
consulting and the fees paid for
consultation. _____
 - (c) Whether consultation were had at
the hospital at the consulting room
of the officer or at the residence of
the patient. _____
 - (ii) Charges for pathological, bacterio
logical, radiological or other similar
tests under taken during diagnosis
indicating _____
 - (a) The Name of the hospital or
laboratory where the test
undertaken and. _____
 - (b) Where the tests were undertaken
on the advice of the authorised
medical attendant and if so,
certificate to that effect should be
attached. _____
 - (iii) Cost of medicines purchased
from the market (List of medicines,
Cash memo and the essentiality
certificate should be attached) _____

II- Hospital treatment-

Charges for hospital treatment including
separately the charges for-

- (i) Accommodation state whether it was according to the status or pay of the Government Servant & in cases where the accommodation in the higher than the status of the Government servant a certificate should be attached to the effect that accommodation to which he was entitled was not available. _____
- (ii) Dist. _____
- (iii) Surgical operation or Medical treat- _____
- (iv) Pathological bacteriological or other similar tests indicating- _____
 - (a) The name of the hospital or laboratory at which undertaken and. _____
 - (b) Whether undertaken on the advice of the medical officer incharge of the case at the hospital if so a certificates to that effect should be attached. _____
- (v) Medicines. _____
- (vi) Special Medicines. _____
(List of medicines case memos & the essentiality certificate should be attached)
- (vii) Special nursing i.e. nurses specially engaged for the Patient-State whether they were employed on the advice of the medical officer in-charge of the case at the hospital or at the request of the Government servant or patient in the former case a certificate from the M. O. I. C. of the case and undersigned by the medical superintendent of the hospital should be attached. _____
- (viii) Any other charges e. g. charges for electric light fan, heater, air - conditioning, etc. State also what her the facilities referred to are a part of facilities normally provided to all Patients and no choice was left to Patient. _____

Note - If treatment was received by the Government servant at his residence give particulars of such treatment and attached certificate from authorised Medical attendant.

- 10) Total amount claimed. _____
- 11) List of enclosures. _____

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date : 200

Signature of the Government Servant
and Officer to which attached

FORM - II

FORM OF ESSENTIALITY CERTIFICATE

Sec Rule 8 (2)

A- In case of medicines not included in the priced vocabulary of the Medical Store Depot.

CERTIFICATED that Shri/Smt./Kumari _____

Son/Wife/Daughter of Shri _____
employed in the _____ has been under my
treatment from _____ to _____ for _____
(name of the disease) at the _____ hospital as
in-door/out door Patient and that the under mentioned medicines has been prescribed by me in this
connection. These medicines are not included on the priced vocabulary of Medical Stores not or they
Preparation which are primarily food, toilets or disinfatants, These medicines were absolutely essential
for the treatment of the aforesaid patient.

NAME OF MEDICINES

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

CERTIFICATE

This is certify that the Medicines presented out of P.V.M.S. list were essentiaes to
the patient.

Signature and designation of the authorised
medical attendant/Signature of the Medical
Officer I/c of case at the hospital.

**B-IN CASH OF MEDICINES INCLUDED IN THE PRICED
VOCABULARY OF THE MEDICAL STORES DEPOT.**

1 CERTIFY THAT Shri/Shrimati/Kumari _____
Son/Wife/Daughter of Shri _____ employed in the
_____ has been under my
treatment from _____ to _____ for _____
_____ (Name of the disease) at the _____
_____ hospital as in-door/out-door patient and that the undermentioned
medicines have been prescribed by me in this connection.

These medicines are included in the priced vocabulary of the Medical Stores and are out of
stock not available in the hospital. They do not include any medicines proprietary or otherwise
outside the aforesaid priced vocabulary nor are they preparations with are primarily food,
toilets or disinfectants.

Name of Medicines (1)	P.V.M.S. No. (2)	Cost (3)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Signature and designation of the authorised/
medical attendant/Signature of the medical
Officer I/c of case at the hospital