

ESSENTIALITY CERTIFICATE 'A'

CERTIFICATE granted to Mr./Mrs/Miss _____ wife/son/daughter/ father/
 mother/brother/Sister/ of Mr./Dr. _____ employed in the Central Institute for Research on Goats,
 Makhdoom, P.O. Farah, Mathura (to be completed in case of patients who are not admitted to Hospital for
 treatment).

(A) I, Dr. _____ hereby certify that I charged and received Rs. _____ (Rupees _____
 _____ for consultation on _____ (dated
 _____ to be given) at my consulting room at the residence of the patient.

(B) That the injections administered were/was not for immunizing or prophylactic purposes.

(C) 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
 the _____ (name of the hospital) for supply of private patients
 and do not include proprietary preparation for which cheaper substances of equal the apeutic value toilets of
 dis-infections.

S. No.	Name of Medicines	Price (Rs.)	S. No.	Name of Medicines	Price(Rs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Total					

(D) That the patient is/was suffering from _____ and is/was under
 my treatment from _____ to _____

(E) That the patient is/was not given pre-natal or post-natal treatment.

(F) That the X-Ray, laboratory test etc. for which an expenditure of Rs. _____
 _____ (Rupees _____) as incurred was necessary and are
 undertaken on may advice at _____

(G) That I referred the patient to Dr. _____ for specialized
 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.

(H) That the patient did not require hospitalization.

(I) That the treatment is over/continued.

Date:

SIGNATURE OF THE MEDICAL OFFICER

CENTRAL INSTITUTE FOR RESEARCH ON GOATS (I.C.A.R.)
P.O. FARAH – 281 122 MATHURA

**PROFORMA OF APPLICATION CLAIMING REFUND OF MEDICAL EXPENSES IN
CONNECTION WITH MEDICAL ATTENDANCE AND OR TREATMENT OF CENTRAL
GOVERNMENT SERVANTS AND THEIR FAMILIES**

N. B:- Separate form should be used for each patient.

1.	Name and Designation of the Govt. Servant (In Capital)	
	whether married/unmarried	
	If married, the place where wife/husband is employed	
2.	Pay of the Govt. Servant	
3.	Office in which employed	
4.	Place of Duty	
5.	Actual residential address	
6.	Name of the patient and his/her relationship to the Govt. Servant (NB) in the case of children, state age also	
7.	Place of illness and its duration	
8.	Nature of disease	
9.	Details of the amount claimed	
10.	Fees for consultation indicating officer consulted and the Hospital or dispensary which attached	
11.	The Nos. and dates in consultation and the fee paid for each consultation	
12.	The Nos. and dates of injections and the fee paid for each injection	
13.	Cost of medicines purchased from _____ the market) list of medicines cash memos and the essential certificate should be attached).	
14.	Total amount claimed Rs.. _____ (Rupees _____)	
15.	List of enclosures	

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 depended upon me.

Dated:

Signature of Govt. Servant
and Office to which attached