

ESSENTIALITY CERTIFICATE

(HOSPITALIZATION CASE)

(TO BE FILLED BY THE SPECIALIST/MEDICAL OFFICER/GOVT. DOCTOR)

I Dr. _____ certify that the following medicines were prescribed by me to Shri/ Smt. Ms. _____ indicate the name of the beneficiary treated _____ department. The patient(s) was/ were suffering from _____ and the employee is registered under registration No. _____.

S.NO.	NAME OF THE FIRM/ MEDICAL STORE	VR. NO.	VR. DATE	AMOUNT

I also certify that the medicines are essential for the recovery of the patient and those drugs/ their substitutes do exist in the master list. The patient was referred to the specialist PHC for treatment of Rs. _____ (Rupees _____ only) has been spent on purchased of medicines as prescribed.

Signatures & Designation of the Specialist/
Medical Officer/ Govt. Doctor

SHRI MATA VAISHNO DEVI UNIVERSITY

(MEDICAL ATTENDANCE-CUM-ALLOWANCE) RULES

Application Form for claiming of refund of Medical Expenses incurred in connection with Medical Attendance and for treatment for Employee or his/her family.

1. Name and designation of the Employee _____
2. Name and relation of the patient with Employee _____
3. Office in which employed _____
4. Pay of the Employee with other allowances _____
5. Place of Duty _____
6. Actual residential address _____
7. Place at which the patient fell ill _____

8. **Medical Attendance :**

- (a) The name and designation of the M.O
consulted with the Hospital Dispensary attached _____
- (b) The number and date of injection and
fee paid for each injection _____
- (c) Whether any date of consultation fixed and fee
paid for consultations _____
- (d) Whether consultation and investigations were
held at the consultation room or at
the residence of the patient. _____
- (e) Cost of medicines purchased from the market _____

(II) **CONSULTATIONS WITH SPECIALIST:**

- (a) The name and designation of the
Specialist or M.O consulted and the
Hospitals/PHC to which attached _____
- (b) No. and date of consultation and fee paid _____
- (c) Whether consultation was held at the
hospital at the consultation room of the
specialist or at residence of patient _____
- (d) Whether the Specialist was consulted on _____

- the advice of the M.O or the Govt. Doctor _____
9. Total Amount claimed _____
10. List of enclosures _____

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 treatment expenses were incurred is wholly dependent upon me.

Signature of the Applicant