



भारत सरकार, युवा कार्यक्रम एवं खेल मंत्रालय
(केन्द्रीय विश्वविद्यालय)

NATIONAL SPORTS UNIVERSITY, IMPHAL, MANIPUR
(Government of India, Ministry of Youth Affairs and Sports)
(Central University)

CERTIFICATE 'A'

(To be completed in the case of all patients both admitted/not admitted to hospital for treatment)

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE OR TREATMENT OF
THE EMPLOYEES OF NSU AND THEIR FAMILIES.**

1. Name & designation of the Employee :
(In Block Letters)
2. Office/Department in which employed :
3. Pay of the employee as detailed in FR and
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 employee (NB in case of the children
state age) :
7. Place in which the patient fell ill :
8. Nature of the illness and its duration :
9. Details of the amount claimed :
- a) Fees for consultation indicating the name & :
designation of the Medical Officer consulted
the Hospital/Dispensary to which attached
The number & date of consultation and the
fees paid for each consultation.
Whether consultation was at the Hospital,
at consulting room of the Medical Officer
or at residence of the patient
- b) Charges for pathological, bacteriological, :
radiological or other similar tests undertaken
during diagnosis
- c) Cost of medicines purchased from the market :

Sl.No.	Bill No./Voucher No.	Date	Amount (in Rs.)

10. Total Amount claimed :

11. Bank Details

Bank Name	Branch Name	Account No.	IFS Code	PFMS No.

DECLARATION TO BE SIGNED BY THE EMPLOYEE

Enclosure: (Please tick the appropriate option)		
1.	Original Prescription or Certificate "B"	<input type="checkbox"/>
2.	Cash memo/Bills in original	<input type="checkbox"/>
3.	Test reports (Photo Copy)	<input type="checkbox"/>
4.	Self-Certification of all the bills/cash memos/vouchers	<input type="checkbox"/>
5.	Certificate "C" for hospitalization cases along with discharge certificate in original	<input type="checkbox"/>
6.	Claim submitted against each Prescription / Visit.	<input type="checkbox"/>
7.	Physiotherapy Treatment bill with Prescription.	<input type="checkbox"/>
8.	Mention lens/glass bill amount in case of spectacle bill	<input type="checkbox"/>
9.	Mention page numbers in all pages of the claim	<input type="checkbox"/>
10.	Bill submitted within six months of first consultancy	<input type="checkbox"/>

I do hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person from whom medicine expenses were incurred by me for treatment of self/dependent.

Place:

Date:

Signature of the employee
Department to which attached

For Office use only

Total admissible amount: Rs. _____ Rupees _____ only.

Signature of D.D.O

Acknowledgement

Received medical claim from _____ for Rs. _____

Vide docketed no. _____ dated _____.

Signature of Recipient



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CERTIFICATE- 'B'

(To be completed in case of the patient who are not admitted in hospital for treatment)

This is to certify that Mrs./Mr./Ms _____
wife/son/daughter of _____ has been suffering from
_____ and the medicines/investigation prescribed for
_____ days/months/years are essential for recovery. The details of medicines and
investigations are refereed in the prescription.

Date:

Signature & Designation of the
Medical Officer &
The Hospital/Dispensary to which attached.

PART-B

I certify that the patient has been under treatment at the _____ 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.

Date:

Medical Superintendent
_____ hospital

Note: Certificates not applicable should be struck off.