



राष्ट्रीय खेल विश्वविद्यालय, इम्फाल, मणिपुर

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)

**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 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 :
10. 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 were at the Hospital,  
at consulting room of the Medical Officer  
or at residence of the patient :
11. Cost of medicines purchased from the market :
12. Total amount claimed :
13. List of enclosures :

**DECLARATION TO BE SIGNED BY THE EMPLOYEE**

I do hereby declare that the statement in the application are true to the best of my knowledge and belief and that the person from whom medicine expenses were incurred is wholly dependent on me.

Place:

Date:

Signature of the employee

Department to which attached

**(SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)**

Certified granted to Mr./Miss./Mrs./Smt. \_\_\_\_\_  
Wife/Son/Daughter/Brother/Mother/Father of \_\_\_\_\_  
Employee in the NSU.

**CERTIFICATE-'A'**

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

I Doctor \_\_\_\_\_ do hereby certify that I charge  
Rs. \_\_\_\_\_ for consultation on \_\_\_\_\_

- b) That I charge Rs. \_\_\_\_\_ administration intravenous intramuscular injection in \_\_\_\_\_ (date to be given).
- c) That the injection administered were not / were for immunising or prophylactic purpose.
- d) That the patient has been under treatment at my consulting room prescribed by me in this connection were essential for the recovery prevention of service deterioration in the condition of the patient. The medicines are not stocked in for the supply to private and include propriety preparation to the cheaper substance or disinfections.

Sl.No.	Name of the Medicine	Price

- e) That the patient is /was suffering from \_\_\_\_\_ and is /was under my treatment from \_\_\_\_\_ to \_\_\_\_\_
- f) That the X-ray laboratory tests etc. for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were undertaken under my advice at \_\_\_\_\_ (Name of the Hospital)
- g) I referred the patient to Doctor \_\_\_\_\_ for specialist consultation and that necessary approval of the \_\_\_\_\_ (Name of the chief administrative Medical Officer of the State)
- h) That the patient did not require Hospitalisation.

Date:

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