I.D.No……..

Bank Name_____

OFFICE OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH

1. **Name, Designation and Section of Govt. Servant.**
2. **Office in which employed**
3. **Pay of Govt. Servant.**
4. **Place of duty.**
5. **Actual residential Address.**
6. **Name, age of patient, his/her relationship with the Govt. Servant**

   (in case of Children State ag , DOB, married/unmarried, employed/unemployed)
7. **Place in which fell ill.**
8. **Name and Designation of A.M.A.**
9. **Consultation (1) Rs…… Dt ……(11) Rs…… Dt ……(111) Rs…… Dt ……**

   Injection IM/IV/SC (1) Rs…… Dt ……(11) Rs…… Dt ……(111) Rs…… Dt ……

   TOTAL : ……..
10. **Cost of medicines claimed.**
11. **Less Advance**
12. **Net amount claimed.**

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVENT

I hereby declare that the statement in this application is true to the best of my knowledge and belief and that the person for whom expenditure is claimed is dependent upon me.

Signature of the Govt. Servant

……

I.D.No……..

Bank Name_____

OFFICE OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH

1. **Name, Designation and Section of Govt. Servant.**
2. **Office in which employed**
3. **Pay of Govt. Servant.**
4. **Place of duty.**
5. **Actual residential Address.**
6. **Name, age of patient, his/her relationship with the Govt. Servant**

   (in case of Children State age , DOB, married/unmarried, employed/unemployed)
7. **Place in which fell ill.**
8. **Name and Designation of A.M.A.**
9. **Consultation (1) Rs…… Dt ……(11) Rs…… Dt ……(111) Rs…… Dt ……**

   Injection IM/IV/SC (1) Rs…… Dt ……(11) Rs…… Dt ……(111) Rs…… Dt ……

   TOTAL : ……..
10. **Cost of medicines claimed.**
11. **Less Advance**
12. **Net amount claimed.**

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVENT

I hereby declare that the statement in this application is true to the best of my knowledge and belief and that the person for whom expenditure is claimed is dependent upon me.

Signature of the Govt. Servant

I.D.No……..

Bank Name_____

OFFICE OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH

(EXTRACT OF MEDICAL CLAIM)

1. **Name of the Govt. Servant together with designation, section and pay drawn**

2. **Name of the patient and his/her relationship with the govt. Servant (in case of children state age D.O.B., Married/ Unmarried, Employed/ Unemployed).**

3. **Residential address and places at which fell ill.**

4. **Name of the disease and the period of treatment administered as shown in the certificate 'A'**

5. **Name of the A.M.A. and hospital to which attached,**

6. **Fee paid to A.M.A.**

Consultation (1) Rs……. Dt ……(11) Rs…… Dt …… (111) Rs…… Dt …….
Injection IM/IV/SC (1) Rs……. Dt ……(11) Rs…… Dt …….. (111) Rs…… Dt ……..

TOTAL : ……..

MEDICINE PRESCRIBED AND PURCHASED IN CERTIFICATE(DETAIL GIVEN BELOW

NAME OF DEALER	No.	Date of bill	Name of medicine	Amount

Grand Total

DECLARATION TO BE SIGNED BY THE GOVT. SERVANT

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Full signature of the Govt. Servant

Certified that I, ……..employed in the O/o the A.G.(A&E),Haryana Chandigarh have not been availing medical allowance in lieu of my self and family/my spouse/spouse and other family members from any other source(s).

Full signature of the Govt. Servant

Forwarded to Admn. II section for necessary action.

Assistant Accounts Officer

Scrutinized and passed for Rs. _____

Sr. A.O./ A.O.

OFFICE OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH

FORM OF ESSENTIALITY TO BE GIVEN BY THE PRIVATE MEDICAL PRACTIONER

I certify that Mr./Ms./Mrs. (Name of Patient) _____

Son /Daughter/Wife/husband of Shri _____

(Write 'Self' if the employee himself/herself is patient)

who is employed in the office of the A.G.(A&E) Haryana, Chandigarh has been under my treatment from _____ to _____and he/she was suffering from _____.

The under mentioned medicines prescribed by me in this connection were essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines do not include proprietary preparations for which cheaper substances of equal value are available nor preparations which are primary foods, toilets or disinfectants.

I have charged Rs._____ for consultation _____ (Date to be given) and Rs. _____on account of injection IM/IV/SC administered.

Sl.No.	Medicine (in capital letter)	Amount

I have referred the patient to _____ for X-Ray, Lab Tests etc. for which expenditure of Rs. _____was incurred.

Signature of the Doctor
His medical qualification
With Regn. No.
Medical College with
Which registered _____

.....में नियुक्त श्रीमती/श्री/कुमारी.....

ती/पुत्र/पुत्री श्री.....को दिया गया प्रमाण–पत्र ।

Certificate granted to Mrs./Mr./Miss.....

ife/son/daughter of Mr.....

mployed in the.....

प्रमाण–पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती न किया गया हो)
(To be completed in the case of patients who are not admitted to hospital for treatment)

मैं डा०.....इनके द्वारा प्रमाणित करता हूं :—

I, Dr.....hereby certify :—

क) कि मैंने अपने परामर्श कक्ष में/रोगी के निवास स्थान पर (तारीखें दी जाए).....

को.....परामर्श के लिए.....रुपए प्रभारित किए और प्राप्त किए ।

) that I charged and received Rs.....for

consultations on.....at my consulting room/at the residence of the patient.
(Dates to be given)

ख) कि मैंने अपने परामर्श कक्ष में/रोगी के निवास स्थान पर (तारीखें दी जाए).....

को अन्तः पेशी/अधस्त्वक् इंजेक्शन देने के लिए.....रुपए प्रभारित किए और प्राप्त किए ।

) admistering.....intra-muscular/sub-cutaneous injections on.....

.....at my consulting room/at the residence of the patient.
(Dates to be given)

ग) कि दिए गए इंजेक्शन रोगक्षमता या रोग निरोध के लिए थे/नहीं थे ।

) that the injections admistered were/were not for immunising or prophylactic purposes.

घ) कि रोगी का इलाज.....अस्पताल में/मेरे परामर्श कक्ष में हुआ है और इस संबंध में मेरे द्वारा नुस्खे में दी गई निम्नलिखित औषधें रोगी की हालत को ठीक करने/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी । ये औषधें.....अस्पताल में प्राइवेट रोगियों को देने के लिए स्टाक
(अस्पताल का नाम)
नहीं की जाती और उनमें ये पेटेंट (एकायत) योग शामिल नहीं है जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपलब्ध है न हो ये योग जो मूलतः खाध्य, श्रृंगार सामग्री अथवा निःसंक्रामक है ।

.) that the patient has been under treatment at.....hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/preventions of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital).....for the supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

क्रम सं० Sl. No.	औषधि का नाम Name of the Medicines	कीमत Price रु० Rs.	पै० P.	क्रम सं० Sl. No.	औषधि का नाम Name of the Medicines	कीमत Price रु० Rs.	पै० P.
1				6			
2				7			
3				8			
4				9			
5				10			

(ङ) कि रोगी.....से पीड़ित है/था और.....से.....
तक मेरे इलाज में है/था ।

(e) that the patient is/was suffering from.....
is/was under my treatment from.....to.....

(च) कि रोगी की जन्म पूर्व अथवा जन्मोत्तर चिकित्सा की गई है/थी ।

(f) that the patient is/was not given prenatal or post-natal treatment.

(छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए.....रुपए खर्च किए थे वे आवश्यक थे और वे मेरी सलाह से.....में किए गए थे ।
(अस्पताल या प्रयोगशाला का नाम)

(g) that X-ray, laboratory test, etc. for which an expenditure of Rs.....
was incurred were necessary and were undertaken on my advice at.....
(name of the hospital or laboratory)

(ज) कि मैंने रोगी को विशेष परामर्श के लिए डा०.....के पास भेजा था और.....का (राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी का नाम) नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर लिया गया था ।

(h) That I referred the patient to Dr.....for specialist
consultation and that the necessary approval of the.....
(name of the Chief Administrative Medical Officer)
as required under the rules was obtained.

(झ) कि रोगी को अस्पताल में रखना आवश्यक नहीं था/आवश्यक था ।

(i) that the patient did not require/required hospitalisation.

.....

चिकित्सा अधिकारी के हस्ताक्षर और पदनाम तथा उस अस्पताल चिकित्सालय का नाम जिससे वह संबद्ध है ।

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

तारीख.....

Date

विशेष ध्यान दें :—जो प्रमाण-पत्र लागू न हो वे काट दिए जाने चाहिए । प्रमाण-पत्र (क) अनिवार्य है और चिकित्सा अधिकारी द्वारा उसे सभी मामलों में भरा जाना चाहिए ।

N. B.:— Certificates not applicable should be struck off. Certificates to be compulsary and must be filled in by the Medical Officer in all cases.

प्रमाण पत्र (ख)/CERTIFICATE 'B'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती किया गया हो)
(To be completed in the case of patients who are admitted to hospital for treatment)

.....में नियुक्त श्रीमती/श्री/कुमारी.....

पत्नी/पुत्र/पुत्री श्री.....को दिया गया प्रमाण-पत्र ।

Certificate granted to Mrs./Mr./Miss.....

wife/son/daughter of Mr.....

employed in the.....

भाग 'क'/PART 'A'

(अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी द्वारा हस्ताक्षर किए जाएं)
(To be signed by the Medical Officer-in-Charge of the case at the hospital)

मैं, डा० .....इसके द्वारा प्रमाणित करता हूं —

I, Dr.....hereby certify:—

(क) कि रोगी को मेरे परामर्श.....के परामर्श मे अस्पताल में भर्ती किया गया था ।

(चिकित्सा अधिकारी का नाम)

(a) That the patient was admitted to hospital on my advice of.....
(Name of Medical Officer)

(ख) कि रोगी इलाज के लिए.....में रहा है और कि इस संबंध म मेरे द्वारा नुस्खे में दी गई निम्नलिखित औषधें रोगी की हालत में सुधार लाने के लिए/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी, ये औषध.....अस्पताल में प्राइवेट रोगियों को

(अस्पताल का नाम)

देने के लिए स्टाक नहीं की जाती और उसमें ये पेटेंट (एकायत) योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपलब्ध हैं । न ही वे योग जो मूलतः खाद्य, शृंगार सामग्री अथवा निःसंक्रामक हैं ।

(b) That the patient has been under treatment at.....and that the undermentioned medicines prescribed by me in this connection were essential for the recovey/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the.....(Name o the Hospital) .....for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food toilets or disinfectants.

	औषधों का नाम Name of Medicines	कीमत Price		औषधों का नाम Name of Medicines	कीमत Price
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

(ग) कि दिए इंजेक्शन रोगक्षमता या रोग-निरोध के लिए थे/नहीं थे ।

(c) That the injections administered were/were not for immunising or prophylactic purposes.

(घ) कि रोगी.....से पीड़ि है/था और.....से.....तक मेरे इलाज में है/था ।

(d) That the patient is/was suffering from.....and is/was under my treatment from.....to.....

(ङ) कि जिन एक्सरे प्रयोगशाला जांच आदि के लिए ..... रुपये खर्च किए थे वे आवश्यक थे और वे मेरी सलाह से ..... में किए गए थे।

(अस्पताल या प्रयोगशाला का नाम)

(e) That the X-Ray, Laboratory test, etc., for which an expenditure of Rs ..... was incurred were necessary and were undertaken on my advice at .....

(Name of the Hospital or Laboratory)

(च) कि मैंने रोगी को विशेष परामर्श के लिए डा० ..... के पास भेजा था और ..... का नियमों के अनुसार यथापेक्षित आवश्यक

(राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी का नाम)

अनुमोदन प्राप्त कर दिया गया था।

(f) That I referred the patient to Dr ..... for specialist consultation and that the necessary approval of the ..... as

(Name of the Chief Administrative Medical Officerof the State)

required under the rules was obtained.

.....

अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर और पदनाम

Signature and Designation of the Medical Officer-in-Charge of the case at the Hospital

भाग 'ख'/PART 'B'

मैं प्रमाणित करता हूं कि रोगी इलाज के लिए ..... अस्पताल में रहा है और कि विशेष परिचारिकाओं को जिन सेवाओं के लिए ..... रुपये खर्च किए गये थे, देखिए संलग्न बिल तथा रसीदें, वे रोगी की हालत को ठीक करने/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी।

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses, for which an expenditure of Rs ..... was incurred *vide* bills and vouchers attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

.....

अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर

Signature of the Medical Officer-in-Charge of the case at the Hospital

प्रतिहस्ताक्षरित/COUNTERSIGNED

.....

चिकित्सा अधीक्षक

Medical Superintendent

..... अस्पताल

Hospital

मैं प्रमाणित करता हूं कि रोगी इलाज के लिए ..... अस्पताल में रहा है और कि उसे जो सुविधाएं दी गई वे रोगी के इलाज के लिए अनिवार्य न्यूनतम सुविधाएं थी।

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.

स्थान .....

Place

..... चिकित्सा अधीक्षक

Medical Superintendent

तारीख .....

Date

..... अस्पताल

Hospital

विशेष ध्यान दें :—जो प्रमाण-पत्र लागू न हों वे काट दिए जाने चाहिएं। प्रमाण पत्र 'ख' अनिवार्य है और यह सभी मामलों म चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N.B.—Certificate not applicable should be struck off. Certificate 'B' is compulsory and must be filled in by the Medical Officer in all cases.

प्रभासमुटेक–52 सिविल/97-98–(सी-46)–15-2-98–10,00,000.

MGIPTC—52 Civil/97-98—(C-46)—15-2-98—10,00,000.