	OFFIC	E OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH					
1.	Name, Designation a	nd Section of Govt. Servant.					
2.	Office in which emplo	pyed					
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 Designatio	n 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 claim	imed.					
11.	Less Advance						
12.	Net amount claimed.						
		Signature of the Govt. Servant					
		I.D.No Bank Name					
	OFFICE (	OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARH					
1.	Name, Designation a	nd Section of Govt. Servant.					
2.	Office in which emplo	pyed					
3.	Pay of Govt. Servant.						
4.	Place of duty.						
5.	Actual residential Add	dress.					
6.	Name, age of patient	, his/her relationship with the Govt. Servant					
	( in case of Children S	State age , DOB, married/unmarried, employed/unemployed )					
7.	Place in which fell ill.						
8.	Name and Designatio	n 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 clai	imed.					

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVENT** 

11.

12.

Less Advance

Net amount claimed.

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.

I.D.No..... Bank Name\_\_\_\_\_

I.D.No	
Bank Name	
IANDIGARH	

## OFFICE OF THE ACCOUNTANT GENERAL (A&E), HARYANA CHANDIGARE (EXTRACT OF MEDICAL CLAIM)

	(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						
	DICINE PRESCRIBED AND PURCHASED IN CERTIFICATE(DETAIL GIVEN BELOW  E OF DEALER No. Date of bill Name of medicine Amount						
	Grand Total						
and be	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 elief.						
	Full signature of the Govt. Servant						
	Certified that I,employed in the O/o the A.G.(A&E),Haryana Chandigarh not been availing medical allowance in lieu of my self and family/my spouse/spouse and other family pers from any other source(s).						
	Full signature of the Govt. Servant						
Forwa	rded to Admn. II section for necessary action.						
Scruti	Assistant Accounts Officer						

## 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	
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 treatmen	t from
and he/she was suffering	; from
The under mentioned medicines prescribed by me in this connection were essent recovery/prevention of serious deterioration in the condition of the patient. The medicines include proprietary preparations for which cheaper substances of equal value are available preparations which are primary foods, toilets or disinfectants.	do not
	ultation
I have charged Rs for consu	
on account of injection IM/IV/SC administered.	and its.
SI.No. Medicine (in capital letter) Amount	
I have referred the patient to for X-Ray, La	b Tests
etc. for which expenditure of Rswas incurred.	
Signature of the Doctor His medical qualification With Regn. No. Medical College with Which registered	

13	/पुत्रा श्रा			री		गण-पत्र
	Certificate granted to Mrs./Mr./Miss					
11.0	n/daughterof Mir					
moles	cd in the					
			पत्र 'क'	The mortiful military has been long to lenge on pay		dig si sistema
	(उन रोगियों के मामले में भर	ा जाए जिन्हें इला	ज के लि		क्या गया हो)	or great
· * 4	में डा		e de la companya de l	to an outsides store begin	रामे राग मण्णिर	चंत्रच च
	l, Dr.					
	कि मैंने अपने परामर्श कक्ष में/रोगी के ि					
	को					
	that I charged and received Rs.					
	consultations on(Dates	to be given)	***************************************	at my consulting root	n/at the residence o	or the pat
ब्र) र्	कि मैंने अपने परामर्श कक्ष में/रोगी के ि	नेवास स्थान पर (	तारीखें दी	जाएं)	asa alkadan	
	को अन्तः पेशी/अधस्त्वक् इंजेक्शन देने के					
	admistering					
		***********	************	· · · · · · · · · · · · · · · · · · ·	The the residence of	the pane
	(Dates to be gi	iven)		,		
	(Dates to be gi कि दिए गए इंजेंक्शन ग्रीगक्षमता या रोग	iven)				
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n) 1	(Dates to be gi कि दिए गए इंजेंक्शन बीग्समता या रोग that the injections admistered were/were	iven) निरोध के लिए not for immunisin	थे/नहीं थे g or proph	l ylactic purposes.		
n) 1 n) 1	कि दिए गए इंजेंक्शन रोक्समता या रोग that the injections admissered were/were कि रोगी का इसाज	iven) निरोध के लिए not for immunisin	थे/नहीं थे g or proph	। ylactic purposes. अस्पताल में/मेरे परामर्श क	क्ष में हुआ है और	इस संबं
1) 1	(Dates to be gi कि दिए गए इंजेंक्शन ग्रीग्रधमता या रोग that the injections admissisted were/were कि रोगी का इसाज मेरे द्वारा नुस्खे में दी गई जिम्नलिखित और	iven) निरोध के लिए not for immunisin	थे/नहीं थे g or proph	। ylactic purposes. अस्पताल में/मेरे परामर्श क करने/गंभीर रूप से खराब	क्ष में हुआ है और होने से ग्रेकने के	लिए औ
1) 1	(Dates to be gi कि दिए गए इंजेंक्शन ग्रीग्रधमता या रोग that the injections admissisted were/were कि रोगी का इसाज मेरे द्वारा नुस्खे में दी गई जिम्नलिखित और	iven) निरोध के लिए not for immunisin	थे/नहीं थे g or proph	। ylactic purposes. अस्पताल में/मेरे परामर्श क करने/गंभीर रूप से खराब	क्ष में हुआ है और होने से ग्रेकने के	लिए आ
i) (	(Dates to be go कि दिए गए इंजेंक्शन रोक्समता या रोग that the injections admissioned were/were कि रोगी का इसाज मेरे द्वारा नुस्खे में दी गई जिम्नलिखित और थी। में और्षे.	iven) निरोध के लिए not for immunisin हैं रोगी की हालत	थे/नहीं थे g or proph की ठीक	। ylactic purposes. अस्पताल में/मेरे परामर्श व करने/गंभीर रूप से खराब अस्पताल में प्राह	क्ष में हुआ है और होने से ग्रेकने के वेट रोगियों को देने	लिए आ के लिए
n) 1 n) 1	(Dates to be go कि दिए गए इंजेंक्शन सीम्सम्पता या रोग that the injections admissered were/were कि रोगी का इसाज मेरे द्वारा नुस्खे में दी गई जिन्नलिखित और थी। ये औषषे	iven) निरोध के लिए not for immunisin को रोगी की हालत (अस्पताल का नाम) विवा सोग सामिल	थे/नहीं थे g or proph की ठीक नहीं है ि	। ylactic purposesअस्पताल में/मेरे परामर्श व करने/गंभीर रूप से खराबअस्पताल में प्राः	क्ष में हुआ है और होने से ग्रेकने के वेट रोगियों को देने	लिए आ के लिए
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छ)	कि जिन एक्सरे, प्रवोगशाला जांच आदि के लि	TU.,		रुपए ख	चं किए थ	वं आवश्यव	व थ आर	वम
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## प्रमाण पत (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)

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