



**केरल केंद्रीय विश्वविद्यालय**  
**CENTRAL UNIVERSITY OF KERALA**  
(संसद के अधिनियम, वर्ष 2009 द्वारा स्थापित / Established under the Act of Parliament in 2009)  
TEJASWINI HILLS, PERIYA P.O., KASARAGOD – 671316, KERALA

**MEDICAL REIMBURSEMENT CLAIM FOR INPATIENT TREATMENT**

Temporary Advance if any availed Rs. \_\_\_\_\_

I.D. No.....

CANARA/STATE BANK A/c No: \_\_\_\_\_

Note: Separate application form should be submitted for each patient.

1. Name & Designation of the employee *(In Block Letters)*:
2. Department / Branch :
3. Pay including special Pay Rs. :
4. Place of duty :
5. Actual Residential address :
6. (i) Name of the patient and his/her relationship to the employee (age may please be indicated in case of children) :  
(ii) If married, Whether Wife/Husband (is employed) :  
(iii) If so, Where :
7. Address/Place at which the patient fell ill :
8. Details of charges paid for Specialist service indicating:
  - Consultation on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_
  - Injections on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_
9. For hospital treatment Rs. \_\_\_\_\_
  - a) For accommodation whether it was :
  - b) According to the status or pay of the University employee, if higher accommodation than the Entitled one is provided a certificate the Medical Officer in charge to that effect that the accommodation to which the University employee was entitled was not available to be attached Rs. :
  - c) Operation theatre Charges :
  - d) Surgical operation /Medical treatment /confinement Rs. :
  - e) Pathological, bacteriological, radiological or other similar Lab, tests indicating Rs. :
  - f) The name of the hospital or Lab at which undertaken Rs. :
  - g) A certificate of the medical officer in-charge Of the case of the hospital advising the test Rs. :
  - h) Ambulance Charges-receipts indicating Rs. the amount, the journey to and fro undertaken (along with essentially certificate) :
  - i) Any other charges electric lighting, fans, Heater, air conditioning etc., indicating Whether the facilities normally provided to all patients and no choice was left to patient :
10. Total Amount claimed :
11. List of enclosures:-

- I) Essential Certificate 'B' dated :
- II) (a) Doctor's prescription dated :
- (b) Certificate dated :

| <i>Cash memo<br/>No &amp; Date</i> | <i>Name &amp; Address of the Medical shop</i> | <i>Name of the Medicines and<br/>quantity</i> | <i>Price (₹)</i> |
|------------------------------------|---|---|------------------|
|                                    |   |   |                  |
|                                    |   |   |                  |
|                                    |   |   |                  |

III)

- IV) (a) Receipt for room rent paid no..... dated ..... Rs. ....
- (b) Receipt for diet charges no. .... dated ..... Rs. ....
- (c).
- (d).
- (e).

**12. Declaration:**

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 expenses were incurred is wholly dependent on me.

Station: Kasaragod

Date :

**Signature of the University Employee**

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**FOR USE IN FINANCE & ACCOUNTS DEPARTMENT**

- |                                      |          |                                       |
|--------------------------------------|----------|---------------------------------------|
| <b>I</b> Fees paid for accommodation | Rs. .... | <b>II</b> Amount paid so far Rs. .... |
| Outside Medicines                    | Rs. .... | Amount of the bills Rs. ....          |
| Medicines provided in Hospital       | Rs. .... | Progressive Total Rs. ....            |
| Operation Theatre                    | Rs. .... |                                       |
| Surgeon Charges                      | Rs. .... |                                       |
| Anesthetist Charges                  | Rs. .... |                                       |
| Laboratory Charges                   | Rs. .... |                                       |
| For other services                   | Rs. .... |                                       |
- a) Passed for Rs. .... (Rupees ..... only)
- b) Fee adjustment Rs. .... (Rupees ..... only)

**Dealing Asst.**

**Section Officer**

**Asst. Finance Officer / D.F.O**