## Appendix - I

(See Rule 7 (4))

#### FORM OF APPLICATION FOR MEDICAL CLAIMS

Form of application for claiming reimbursement of medical expenses in connection with medical attendance/treatment of Sikkim Government servants and member of their families as out patients in the Hospitals.

# (N.B.:- Separate form should be used for each patients)

- Name & Designation of Government Servant. (In block letters)
- 2. Whether married or un-married.
- 3. If married the place where wife/husband is employed.
- 4. Office which employed.
- 5. Pay of the Government Servant.
- 6. Actual Residential Address.
- 7. Name of the patient his/her relationship to the Government Servant. (N.B in the case of children state age also).
- 8. Place of duty.
- 9. Place in which the patient fell ill.
- 10. Nature of illness and duration.
- 11. Amount claimed.
- 12. List of enclosures.

#### DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependant upon.

Date	Signature of the Government	
	servant and name office to	
	which attached.	

_	uffering fromis/was unde			
treatment from				
and that the under mentioned ar essential for the treatment of the				
preparations for which cheaper				
preparations, which are primari	=			
stocked in the		name	of hospitals	
Name of Medicines	Price	Name of Medicines	Price	
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2				
3				
4				
5				
6				
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8				
9				
10				
11				
12				
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14				
15				
16 17				
18				
19				
20				
21				
22				
_		<b>~.</b>	1000	
Date		Signature of Medic	cal Officer	

I Dr....hereby certify that the patient is/was

### CERTIFICATE OF CONTROLLING OFFICER

Certified that I have after scrutiny of the claim as required under rule 21 satisfied myself that the claim is to the best of my knowledge and belief correct.

SGPS-8/Sty./20,000-30.5.2001