## CLAIM FOR REIMBURSEMENT OF MEDICAL BILL

1.	Name	e of the applicant	;			
2.	Fathe	er's Name				
3.	Perm	anent Home Address				
4.	Loca	laddress	1			
5.	Conta	act No.	:			
6.	Adm	ission No.				
7.	Class		1			
8.	Colle	ge	:			
9.	Certi	fied that the applicant was	on the rolls of the college as a bonafide student during			
	the pe	eriod of this illness.				
	Tutor/Academic Branch/College of Agril./					
	Agril.Engg./Basic Scie./Home Sc./					
	Verty	, Sciences/Animal Sc.				
	i)	Certified that the applican	nt was referred to hospital is			
			-Rays, Surgical operation didi not exist in the HAU			
		hospital.				
	ii)	The case required indoor				
	iii)	The treatment required th				
	iv)	O.P. D. Ticket No	vide which reference was made to			
		hospital.				
			For detail, please see overleaf			

Senior Medical Officer

1.	Certified that Mr./ Ms.	S,'D/o Sh	N.
	student in the college of	h is been under m	
	hospital/ my con	sulting rook and that the under mer	ntioned medicines
	prescribed by me in this connection	were absolutely essential for the	ne treatment and
	recovery/prevention of serious deteriora	ation of condition of the patient. Th	e medicines were
	not stocked in the CCS HAU Hospital f	for which the cheaper substitutes of	equivalent values
	'are not available for preparation which	are primarily food or disinfectants.	

- 2. Certified that treatment as Indoor-patient was not necessary.
- 3. Certified that the medicines charged have not cheaper effective substitute.
- 4. Certified that the price claim is reasonable.
- 75. Certified that the medicines are not in the nature of tonic etc. The cost of which is not reimbursable under Govt. orders issued on the subject from time to time.
- 6. Certified that the medicines prescribed are not in the list of inadmissible medicines/anicles as drawn up the Central Govt. employee by DGHS vide his No. S-1401/4/74/MC dated 12.09.1974 as amended from time to which has been applicable mutates mutandis to Govt. Employees vide Punjab Govt. Memo no. 1045/HBIV/61/47769 dated 17-11-1961.

Sr. No.	Name of medicines	Indoor/outdoor Ticket No. & Date on which prescribed	Date on which actually purchased	Price (Rs.)
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