

ANNEXURE-III  
(See Para 645, 653)

CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION  
FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted hospital  
for treatment)

1. Name and designation of the  
Railway employee (in BLOCK  
LETTERS)
2. Office in which employed
3. Pay of the railway employee
4. Place of duty
5. Actual residential address
6. Name of the patient and his/her  
relationship to the railway  
employee

NOTE : In the case of children, state age also

7. Place at which the patient fell  
ill
8. Nature of illness and its duration
  - (a) that the injections administered were not for immunizing or  
prophylactic purposes.
  - (b) That the patient has been under treatment at  
\_\_\_\_\_hospital/dispensary and that the undermentioned  
medicines prescribed by me in this connection were essential  
for the recovery/prevention of serious deterioration in the  
condition of the patient. The medicines are not stocked in  
\_\_\_\_\_ (name of hospital/dispensary) for  
supply to private patients and do not include proprietor  
preparation for which cheaper substances of equal therapeutic  
value are available nor preparations which are primarily  
foods, toilets or disinfectants.

	Name of medicines	Price
1.		
2.		
3.		
4.		
5.		

- (c) that the patient is/was suffering from and is/was under my  
treatment from \_\_\_\_\_ to \_\_\_\_\_
- (d) that the patient was given pre-natal or post-natal treatment.
- (e) That the X-ray, laboratory tests, etc for which an  
expenditure of Rs. \_\_\_\_\_ was incurred were necessary and

were undertaken on my advice at  
\_\_\_\_\_ (Name of the Hospital or  
laboratory)

- (f) That I referred the patient to Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Principal Medical Officer) as required under the rules was obtained.
- (g) That the patient did not require hospitalization.

Signature and designation of the Medical Officer

Place :

Date :

Name of the Hospital/  
Dispensary to whom attached.

NOTE : Certificates not applicable should be struck off.  
Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Part 'A'

I, Dr. \_\_\_\_\_ hereby certify :

- (a) that the patient was admitted to hospital on my advice/on the advice of \_\_\_\_\_ (Name of the Medical Officer)
- (b) that the patient has been under treatment at \_\_\_\_\_ and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of 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 floods, toilets or disinfectants.

Name of medicines Price

1.

2

3.

4.

5.

- (c) that the injections administered were not for immunizing or prophylactic purposes.
- (d) That the patient was suffering from \_\_\_\_\_ and was under my treatment from \_\_\_\_\_ to \_\_\_\_\_ .
- (e) That the X-ray, laboratory tests, etc. for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_  
(Name of the hospital or laboratory)
- (f) That I called in Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Principal Medical Officer), as required under the rules was obtained.

Date  
Place

Signature & Designation of the  
Medical Officer incharge of  
the case at the hospital.

Part 'B'

I certify that the patients 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 receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Place:  
Date :

Signature & Designation of  
The Medical Officer in charge  
of the case at the hospital

Countersigned

Principal Medical Officer

Part 'C'

I certify that Shri/Shrimati/Kumari \_\_\_\_\_  
wife/son/daughter of \_\_\_\_\_ employed in the  
\_\_\_\_\_ has been under treatment for  
\_\_\_\_\_ disease from \_\_\_\_\_ to \_\_\_\_\_ at  
the \_\_\_\_\_ hospital and that the facilities provided were the  
minimum which were essential for the patients treatment.

Date : \_\_\_\_\_ Medical Department  
Place : \_\_\_\_\_ Hospital

NOTE : Certificates not applicable should be struck off.  
The Essentiality certificate as given in Part 'A' & 'B' above  
is compulsory and must be filled in by the Medical Officer in  
all cases.

ANNEXURE - IV  
(See Para 653)

FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING  
REIMBURSEMENT OF MEDICAL EXPENSES.

(Note : Separate forms should be used for each patient)

1. Name and designation of the  
Railway Employee (in BLOCK  
LETTERS)
2. Office in which employed :
3. Pay of the Railway employee :
4. Place of duty
5. Actual residential address
6. Name of the patient and his/her  
relationship to the railway  
employee.

NOTE : In the case of children, stage age also

7. Place at which the patient fell ill.
8. Nature of illness and its duration
9. Details of the amount claimed
- I. MEDICAL ATTENDANCE :
  - (i) Fees for consultation indicating
    - (a) the name and designation of  
the Medical Officer consulted  
and the hospital or dispensary  
to which attached :
    - (b) the number and date of  
consultations and the fees  
paid for each consultation :
    - (c) the number and dates of  
injections and the fees paid  
for each injection :
    - (d) whether consultation and/or  
injections were had at the  
hospital, at the consulting

room of the Medical Officer  
or at the residence of the  
patient. :

(ii) Charges for pathological,  
Bacteriological, radiological or  
Other similar tests undertaken  
During diagnosis indicating :

(a) the name of the hospital  
or laboratory where the  
tests were undertaken :

(b) whether the tests were  
undertaken on the advice  
of the Authorised Medical  
Officer. If so, a  
Certificate to that effect  
Should be attached.

(c) Cost of medicines purchased  
From the market (list of  
Medicines, cash memo and  
Essentiality certificates  
Should be attached)

## II. Hospital Treatment :

Charges for hospital treatment, indicating separately the charges  
for

(i) Accommodation  
(State whether it was according  
to the status or pay of the  
Railway employee and in cases  
Where the accommodation is  
Higher than the status of the  
Railway employee, a certificate  
Should be attached to the effect  
That the accommodation to which  
He was entitled was not available)

(ii) Diet

(iii) Surgical operation or medical  
treatment

(iv) Pathological, bacteriological,  
radiological or other similar  
tests indicating :

(a) the name of the hospital or  
laboratory at which  
undertaken

(b) and whether undertaken on  
the advice of the Medical  
Officer in charge of the

Case at the hospital. If  
So, a certificate to that  
Effect should be attached.

- (v) Medicines
- (vi) Special Medicines  
(List of medicines, cash memo  
and the essentiality certificate  
should be attached)
- (vii) Ordinary Nursing
- (viii) Special Nursing i.e. nurses  
specially engaged for the  
patient (State whether they  
were employed on the advice  
of the Medical Officer in  
charge of the case at the  
Hospital or at the request  
Of the Railway employee or  
Patient, the hospital or at  
The request of the Railway  
Employee or patient. In the  
Former case, a certificate  
from the Medical Officer in  
charge of the case and  
countersigned by the Medical  
Superintendent of the  
Hospital should be attached. :
- (ix) Ambulance charges (State the  
journey - to and from -undertaken
- (x) Any other charges eg. Charges for  
electric light, fan, heater,  
air-conditioning, etc., (State  
also whether the facilities  
referred to are a part of the  
facilities normally provided  
to all patients and no choice  
was left to the patient)

- NOTE :
- (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.
  - (2) If the treatment was received at a hospital other than a Government/recognized hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognized hospital should be furnished.

III. Consultation with a specialist :

Fees paid to a specialist or a Medical Officer other than the authorized medical officer, indicating :

- (a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached.
- (b) number and dates of consultations and the fee charged for each consultation
- (c) whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of the patient
- (d) whether the specialist or Medical Officer was consulted on the advice Of the Authorised Medical Officer And the prior approval of the Chief Medical Director of the Railway was Obtained. If so, a certificate to That effect should be attached.

10. Total amount claimed :

11. List of enclosures

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

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 dependent upon me.

Date :

Place : Signature of the Railway employee



ANNEXURE - V  
(See Para 659)

\_\_\_\_\_ RAILWAY  
MEDICAL DEPARTMENT  
ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumari \_\_\_\_\_  
wife/son/daughter of \_\_\_\_\_ employed in the  
\_\_\_\_\_ has been under my  
treatment for \_\_\_\_\_ disease from \_\_\_\_\_ to  
\_\_\_\_\_ at \_\_\_\_\_ the  
\_\_\_\_\_ hospital/my  
consulting room and that the undermentioned medicines prescribed by me  
in this connection were essential for the recovery/prevention of  
serious deterioration in the condition of the patient. The medicines  
are not stocked in the \_\_\_\_\_ hospital and do not  
include proprietary preparations for which \_\_\_\_\_ hospital for  
supply to private patients cheaper substances of equal therapeutic  
value are available, nor preparations, which are primarily foods,  
toilets or disinfectants.

Name of medicines	Price
1.	
2.	
3.	
4.	
5.	

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Signature of the Medical Officer  
Incharge of the case at the hospital

Place : \_\_\_\_\_  
Date : \_\_\_\_\_  
Signature and designation of the  
Authorised Medical Officer

Annexure - VI  
(See Para 648)

Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-recognised Institutions.

1. Name of the patient :
2. Age
3. (a) Relationship with Railway Employee  
(b) Name of the employee
4. Designation
5. Pay
6. Name of the Institution where taken for treatment
7. Date of admission
8. Date of discharge
9. Date of admission of claim
10. Reason for delay, if delayed for more than 3 months
11. Total period of stay as Indoor patient
12. Reasons for long stay (if stayed for more than 48 hours)
13. Type of medical emergency
14. Was there no Railway/Govt. facility available to deal with it
15. Distance of the nearest Govt. Hospital and whether facilities Available there
16. Distance of the nearest Railway Hospital and whether facilities Available there. If not, how far Is the Railway Hospital with the Facilities available
17. Distance of the private hospital where facilities availed from residence/place of illness
18. When the Railway Medical Officer was informed about such admission
19. Did the patient take any treatment before or after the present sickness (if this existed and if YES when ...)
20. Total amount claimed (with break-up charges)
21. Item wise breakup of expenditure had the treatment been taken in a Govt. Hospital
22. Verbatim views of C.M.D.
23. Verbatim views of FA&CAO

NOTE : All original bills to be enclosed. A copy of the discharge summary should also be submitted. A covering letter showing the reasons for not reporting to ICF/Railway hospital for treatment should be attached.