

9. Total amount Claimed Rs. _____ Rupees
10. Less advance taken on Rs. _____ (in Words) Rupees
11. Net amount claimed Rs. _____ (In words) Rupees
12. List of enclosures (1) (ii) Prescriptions _____ Essentiality Certificate _____ (ii) Cash memos _____
 (iv) Money Receipts _____

DECLARATION TO BE SIGNED BY THE INSTITUTE 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: _____ Signature of employee _____ Roll No _____

Place: _____ Office to which attached _____

Certificate granted to Shri/Smt _____ Wife / Mother / Father / Husband / Son / Daughter /

Minor Brother / Sister / Widow dependent sister and daughter of _____ Employed in the Indian Statistical Institute.

Centre: Bangalore

Unit : _____

CERTIFICATE - A

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

1. Dr. _____ hereby certify
- (a) that I charged and received Rs. _____ (Rupees in words _____) for _____ consultations on _____ (date to be given) at my consulting room / the residence of patient.
- (b) I charged and received Rs. _____ Rs. (in words) _____ for administering _____ injections. (intra-venous/intra- muscular / subcutaneous) on _____ (dates to be given) at my consulting room/patient's residence.
- © the injections administered were / were not for immunizing or prophylactic purposes.
- (d) that the patient has been under treatment at _____ patient's residence / hospital / my consulting room, and that the under mentioned medicines prescribed by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient.
- (e) that the patient is / was suffering from _____ and is / was under my treatment from _____ to _____
- (f) that the patient is / was not given pre-natal care or post natal treatment.
- (g) that the X-ray, laboratory test, etc., for which an expenditure of Rs. _____ Rs. (in words) _____ was incurred were necessary and were undertaken on my advice at _____ name of the Hospital / laboratory).
- (h) that I referred the patient to Dr. _____ for specialist consultation.
- (i) that the patient did not require / required hospitalization, but could not be admitted in hospital, and hence, treated at my consultation room/patient's residence.
- (j) that the blood, sera, special appliances were recommended as unavoidably necessary and purchases, There of were made on my authority at a total cost of Rs. _____ (Rupees in words _____) from _____

Signature and Designation of the Medical Officer
(including registration number and qualification)
and the hospital or dispensary to which attached

Date: _____