

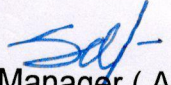
J & K STATE FOREST CORPORATION

C I R C U L A R

It has been observed that while submitting the medical reimbursement cases, concerned DDO's are not obtaining the prescribed "Essentiality Certificate" on prescribed format with the result this office is facing difficulties in processing the said cases.

It is as such, enjoined upon all DDO's to annexe the prescribed essentiality certificate on prescribed format (copy enclosed for ready reference).

It is reiterated that no medical reimbursement case what so ever shall be entertained by this office without the desired essentiality certificate which needs to be noted to avoid in any inconvenience later on.


General Manager (Adm)

No. 1861-1900/Bix/SFC

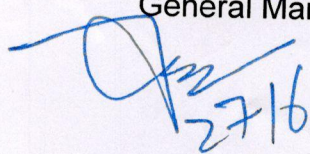
Dated:- 27.06.2016.

Copy for information and necessary action to the:-

1. Director Finance J&K SFC Srinagar.
2. All Chief General Managers J&K SFC
3. All ^{General}Divisional Managers J&K SFC.
4. All Dy. General Managers
5. Dy. Financial Advisor (Audit) SFC Srinagar.
6. Regional I/c. (Audit) SFC Jammu.
7. All Divisional Managers J&K SFC.
8. I/c. Website SFC
9. Circular file.

Ench:- 01 leave


General Manager (Adm)


27/6

FORM OF APPLICATION FOR CLAIMING OF REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE FOR TREATMENT FOR GOVT.
SERVANT OR OTHER FAMILY

1. Name & Designation of the Govt. servant
2. Name & Relation of the patient with Govt. servant
3. Office in which employed
4. Pay of the Govt. servant with other allowances
5. Place of Duty
6. Actual residential address
7. Place at which the patient fall ill
8. MEDICAL ATTENDANCE
 - a) The name & designation of the M. O. consulted and the hospital & dispensary attached
 - b) The number & date of injection and fee paid for each injection.
 - c) Whether consultation fee pay for each consultation
 - d) Whether consultation and or injection were hold at the consultation and or at the residence of the patient
 - e) Cost of medicine purchased from the market
- II) CONSULTATION WITH SEPECIALIST
 - a) The name & designation of the specialist or M.O. consulted and the Hospital to which attached
 - b) Date of consultation and fee paid
 - c) Whether consultation was held at the hospital or at the consultation room of the specialist or at the residence of the patient
 - d) Whether the specialist was consulted the service of the medical officer or the Govt. Doctor
 - e) Total amount claimed
 - f) List of enclosures

I hereby, declare that the statement in the application are true to the best of my knowledge and belief and that the person for whom the medical treatment expenses were incurred is wholly dependent upon me.

SIGNATURE OF THE APPLICANT

ESENTALITY CERTIFICATE

{To be filled by the specialist / Medical Officer Govt}

I, Dr. Certify that the following medical
were prescribed by me to Mr/Miss/Mrs
..... (including the name of the beneficiary if the
treated Department.

The patient(s) was / were suffering from
the employee is registered under Registration No.

VUCHER NO.

DATE

AMOUNT

I also certify that the medicine were essential for the recovery of the patient and these drug or
their substitute to exist in the master list of the patient was referred to the specialist/ Hospital /
PHC for treatment Rupees has been received
by me as consultation fees.

Signature & Designation of
Specialist / Medical Officer
Govt Doctor