

**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 outpatients in the Hospitals.

**(N.B.: - Separate form should be used for each patient)**

1. 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.

**ESSENTIALITY CERTIFICATE**

I Dr.....hereby certify that the patient is/was suffering from.....is/was under my treatment from.....to..... and that the under mentioned and medicines prescribed by me in this connection were essential for the treatment of the patient. These medicines do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations, which are primarily foods. Toilets or disinfection. The medicines are not stocked in the ..... (Name of hospitals).

	<b>Bill/Invoice Number</b>	<b>Price</b>	<b>Bill/Invoice Number</b>	<b>Price</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Date.....

Signature and Designation of  
Medical Officer

**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.

Date.....

Signature and Designation of  
the Controlling Officer