

**Annexure - IV**  
(See Para 653)

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

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

C. R. P. No. 12-11-3269-1000 Nos. x 4 Lvs.-W-iii-08-11

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	
I.	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	
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 dates of consultations and the fee paid for each consultation.	
(c)	The number and dates of injections and the fee paid for each injection.	
(d)	Whether consultations 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 the essentiality certificates should be attached)	
II.	Hospital Treatment : Charges or 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.)	



DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

- (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 special 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. 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 e.g., 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, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist :

Fees paid to a specialist or a Medical Officer other than the Authorised 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/Kumar \_\_\_\_\_ 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 under men-  
tioned 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 equat therapeutic value are available, nor preparations, which are primarily foods, toilers or disinfectants.

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

\_\_\_\_\_  
Signature of the Medical Officer  
In charge of the case at the hospital

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
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. Reasons 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 Hrs.) : \_\_\_\_\_
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 F. A. & C.A.O. : \_\_\_\_\_