

**Annexure - VI**  
**Rule 18(1)**

Form of Application for claiming reimbursement of Medical expenses incurred on Medical Attendance and Treatment of Government servants and their families.

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

1.	Name and Designation of the Government servant with Department (in Block letters).	
2.	Actual residential address.	
3.	Pay.	
4.	Place at which the patient fell ill.	
5.	Name of the patient and his/her relationship to the Government servant (in the case of children state age also.)	
6.	Amount of consultation fee charged by the Authorised Medical Attendant for treatment of the Government servant at residence under Rule 6(2)(i)(Mention name of the Doctor) and attach the prescribed certificate. (Annexure-VIII).	
7.	Fee paid to Compounder / Nurse for administering injectable at residence of Government servant (Attach prescribed certificate as per Annexure VIII).	
8.	Ambulance Charges.	
9.	Cost of the medicines purchased from the market.	
10.	Registration Fee / Consultation Fee (outdoor treatment).	
11.	Other charges admissible under Rules, if any.	
12.	Total amount claimed.	
13.	List of enclosures.	

Details of the medicines purchased from the market  
(Not required in case Essentiality Certificate is attached)

S. No.	Cash Memo No. & Date	Name of the Shop	Name of medicine	Amount
1	2	3	4	5

Declaration to be signed by the Government servant

I hereby declare that :

(i) all statements in this application are true to the best of my knowledge and belief ;

(ii) the person for whom medical expenses were incurred is wholly dependent upon me ;

\*(iii) the claim is for expenses incurred over and above the medical expenses covered under medical insurance scheme ;

(iv) the claim for these medicines purchased by me has not been presented and drawn in the past;

Date .....

Signature and Designation of the  
Government Servant and  
Office to which attached

*\*Strike out if not applicable.*

**Annexure - VII**  
**Rule 18(1)(ii) & 18(1)(iv)**

**ESSENTIALITY CERTIFICATE**

I certify that Mrs./ Mr. / Miss ..... wife/ son/ daughter of Mr. .... employed in the office ..... has been under treatment at the Hospital/ Indoor / Outdoor in my consulting room and that the under mentioned medicines prescribed by me in this connection are essential for the recovery / prevention of serious deterioration in the condition of the patient. These medicines are not stocked in the ..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available or preparations which are primarily foods, toilets or disinfectants.

Cash Memo No. & Date	Name of medicines	Cost	
		Rs.	p.

Signature and Designation of the Authorised  
Medical Attendant.

Signature of the Medical Officer  
In-charge of the case in the Hospital

2. Certified that the patient is/ was suffering from ..... disease and is / was under my treatment from ..... to ..... It is further certified that the disease mentioned above does not fall under venereal disease, Delirium / Tremens.

3. The patient did not require / required hospitalization. The case is / was definitely not/ one of prolonged treatment.

4. Certified that the treatment is over / continuing.

Entered at S. No. .... in Hospital / Dispensary Register on  
..... (Date).

Signature of the Authorised  
Medical Attendant.

Place .....  
Date .....

Signature of the Medical Officer  
In-charge of the case in the Hospital



NAME OF HOSPITAL-----

REG/NO.

DATE-

### EMERGENCY ADMISSION CERTIFICATE

This is certify that Mr./Mrs./Ms-----  
S/O,D/O,W/O-----Aged About-----Years Admitted in our  
Hospital in Dr-----ward/Department under emergency on  
Date-----at -----am/pm and Discharged on date-----  
the provisional diagnosis is -----

Singnature and Designation of the attending  
Medical authority

## राजस्थान सरकार स्वास्थ्य योजना (RGHS)

आपातकालीन परिस्थिति में गैर अनुमोदिन चिकित्सालय में ईलाज करवाये जाने पर

### शपथ पत्र

मैं (कार्मिक/पेंशनर का नाम).....पुत्र/पत्नी/पत्नि श्री.....  
.....निवासी (पूर्ण पता).....जिला-.....  
का रहने वाला/वाली हूँ। तथा शपथ पूर्वक बयान करता/करती हूँ कि:-

1. मैं वर्तमान में (कार्मिक सेवारत होने की स्थिति में) पदस्थान स्थान.....में  
पद.....पर कार्यरत हूँ। तथा परिवार सहित स्थान.....  
.....पर निवास कर रहा हूँ।
2. मरीज का नाम..... सम्बन्ध (कार्मिक/पेंशनर से).....  
का गंभीर स्थिति में दिनांक..... को इस कारण से .....  
.....  
(नाम चिकित्सालय)..... में भर्ती करवाया ।
3. मरीज.....रोग से पीड़ित था और उसको तुरन्त चिकित्सा  
सुविधा प्रदान किया जाना आवश्यक था। मरीज के निवास स्थान के नजदीक कोई  
आरजीएचएस अनुमोदित चिकित्सालय नहीं था। यदि मरीज को तुरन्त चिकित्सा  
सुविधा नहीं की जाती तो उसके जीवन को खतरा हो सकता था। अतः जीवन रक्षा के  
लिए आपातकालीन परिस्थिति में गैर अनुमोदित चिकित्सालय में ईलाज करवाया गया ।

उपरोक्त शपथ पत्र में उल्लेखित की गई समस्त जानकारी सही एवं सत्य हैं और कोई भी  
तथ्य छुपाया नहीं गया है। मैं आरजीएचएस के नियमों एवं शर्तों के अनुसार पैकेंज दरों पर  
पुनर्भरण दावा राशि प्राप्त करने हेतु अपनी सहमति प्रदान करता/करती हूँ। भविष्य में  
कोई भी तथ्य गलत पाये जाने पर भुगतान की गई समस्त राशि मेरे द्वारा राजकोष में जमा  
करवा दी जावेगी।

(शपथकर्ता के हस्ताक्षर)

नाम.....

पद.....

स्थान.....

मोबाईल नं.....

(शपथ पत्र नोटरी द्वारा सत्यापित होना आवश्यक है।)