Office Memorandum


A copy of the National Rural Livelihoods Promotion Society (NRLPS) Medical Attendance Rules, 2015 is enclosed for information.

These rules have been approved by the Competent Authority.

(Nita Kejrewal)
Director(Admn. & Fin.)
Phone: 011-24122937

To

1. CEO, NRLPS/Additional CEO, NRLPS
2. Deputy Director (Admn), NRLPS/ Accounts Officer, NRLPS
3. Finance Desk, NRLPS
4. Notice Board/Ajeevika Website
1. Title & Commencement

These Rules shall be referred to as ‘National Rural Livelihoods Promotion Society (NRLPS) Medical Attendance Rules, 2015.

2. Scope

These Rules shall apply to the employees working on deputation with the Society and their families, excepting those who specifically opt out of these Rules and choose to be governed by the facilities available to them in their parent cadres / organizations.

3. Definitions

For the purpose of these Rules:

i. ‘Society’ means the National Rural Livelihoods Promotion Society.
ii. ‘Authorized Medical Attendant’, means:
   - A Medical Officer, whether or not under the employ of the Government of India, appointed as such by the Chief Executive Officer (CEO), National Rural Livelihoods Promotion Society.
   - In case of a Hospital, the Principal Medical Officer of a hospital notified by the Competent Authority to attend to the officers of the Society.
iii. ‘Competent Authority’ – The Chief Executive Officer, National Rural Livelihoods Promotion Society or such other authority to whom the powers in respect of these Rules may be delegated by the Chief Executive Officer.
iv. ‘Controlling Officer’ – The authority declared by the Competent Authority to be the Controlling Officer for each category of employees of the Society.
v. ‘Employee’ – Any person who is serving in the Society on deputation from the Government of India or a State Government / U.T. Administration or from any other autonomous or semi- Government organization. The persons working in the Society under any contract are specifically excluded from the purview of this definition and these Rules.
vi. ‘Family’ means the wife or husband of an employee, as the case may be, and parents, sisters, widowed sisters, widowed daughters, brothers, children, stepchildren, divorced / separated daughters and stepmother wholly dependent upon the employee and normally residing with the employee.
The eligibility of the sons/daughters of an employee to be considered dependent upon him for the purpose of these Rules shall be subject to the following:

a. Son: Till he starts earning or attains the age of 25 years, whichever is earlier.

b. Daughter: Till she starts earning or gets married, whichever is earlier, irrespective of the age limit.

c. Son suffering from any permanent disability of any kind (physical or mental): Irrespective of age limit.

Note. 1. – A member of the family is treated as dependent only if his/her income from all sources including pension / family pension is Rs. 3500/- or less per month (plus dearness relief on basic pension of Rs. 3500/-) as on the date of consideration. This condition shall not apply in the case of wife/husband of the employee.

Note. 2. – Family members may avail of the medical attendance and treatment even if they do not stay with the employee.

vii. Where both husband & wife are employed:

a. Spouse of an employee when serving in the Central /State Government etc. or in any other body financed totally or partially by the Central Govt./ State Govt. /private organizations which provide medical services to their employees, would be entitled to opt for either the medical facilities provided in the Society, or those provided by the organization. In which she/he is employed.

b. When both the husband and wife are employed in the Society they, as well as their eligible dependents, may be allowed to avail of the medical facilities according to his/her status. For this purpose they should furnish to their respective Controlling Authorities a joint declaration as to which of the two will prefer the claim for reimbursement of medical expenses incurred on the medical attendance and treatment in respect of wife/ husband and their dependants. This procedure may also be followed for those covered under (a) above.

c. If the spouses are governed by different medical Rules, and are stationed/ residing separately at their respective duty stations, the employee concerned may avail medical facilities under the Rules of Society in respect of himself/ herself and the family members residing with him/her and covered under the Rules provided:

1. The spouse employed in the other organization is not in receipt of any fixed/monthly medical allowance; and

2. The employee produces a certificate from the employer of his/her spouse that he / she is not claiming medical facilities in respect of his/ her spouse and their family members.

Note. 1. Family members other than the spouse should be wholly dependent on the employee.
Note. 2. Every employee on his/her appointment or on joining the Society shall submit a formal declaration:

a. Specifying the members of his/her family dependent upon him/her. Any subsequent change in the dependants, during his/her employment with the Society shall also be promptly intimated to the Controlling Officer.
b. Indicating his/her option to be exercised in pursuance of clause (vii)(a) above.
c. A joint declaration pursuant to clause (vii)(b) above, if applicable.

viii. 'Medical Attendance' by the Authorized Medical Attendant shall include attendance in his/her consulting room or in the hospital to which he/she is attached or at the residence of the employee. It will also include -

a. All diagnostic tests or other methods of examination for the purpose of diagnosis as are available and are considered necessary by the Authorized Medical Attendant; and
b. Such consultation with a specialist or another medical officer as the Authorized Medical Attendant certifies to be necessary.

ix. 'Patient' – An employee or a member of his/her family to whom these Byelaws apply and who has fallen ill requiring medical attention.

x. 'Notified Hospital' means such hospital(s), [Government/ Semi Government/ Private] as may be notified for the purpose of providing general or specialist medical facilities by the Competent Authority from time to time for treatment of employees of the Society and their families. A list of hospitals so notified at present is at Annexe 1.

xi. 'Treatment' - means the use of all medical and surgical facilities available at the Notified hospital(s) in which the employee is treated and includes:

- The employment of such pathological, bacteriological or other methods as may be considered necessary by the Authorized Medical Attendant.
- The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the Government or notified hospitals.
- Physiotherapy, speech therapy, psychiatric, anti-rabies treatment and such other treatment as may be considered necessary by the Authorized Medical Attendant.
- Such accommodation and diet as is ordinarily provided in the hospital and is suited to his/her status;
- Such nursing as is ordinarily provided to in-patients by the hospital; and
- Consultation with the Specialist.

But it shall not include provision of diet or accommodation superior to that described above at the request of the employee.

Any other terms used in these Byelaws but not defined hereinabove shall be construed to mean as defined under Central Services (Medical Attendance) Rules, 1944.

Medical Benefits

a) An employee shall be entitled, free of charge, to medical attendance by the Authorized Medical Attendant. Any amount paid by him/her on account of such medical attendance
shall, on production of an Essentiality Certificate (Annexure II) in writing by the Authorized Medical Attendant in this behalf, be reimbursed to him/her by the Society subject to the satisfaction of the Controlling Officer about genuineness of the claim.

b) Employees have to bear the expenditure incurred on diet charges, birth certificate etc. as these do not form part of the treatment. Besides, such of the items as fall within the definition of food value items are also not reimbursable to the employees. In case any diet restrictions have been imposed by Authorized Medical Attendant, the diet charges, including special diet charges paid to the notified hospitals by the employees and members of their families during the course of their indoor treatment may be reimbursed in full, at the discretion of the Competent Authority depending on merits of the case.

c) Controlling Officer may require production of original medical prescriptions by the claimants along with the claim papers, if considered necessary to enable him to verify the claim.

Consultation Fee

Consultation fee charged by the Authorized Medical Attendant shall be reimbursed subject the ceilings indicated below. The Competent Authority may, however, review these ceilings from time to time and revise them, if necessary.

| 1. Doctor with MBBS / BDS degree or equivalent. | Rs. 300 for first consultation, Rs. 250 for each subsequent consultation |
| 3. Doctors with specialized qualification like MD, MS or equivalent, or those treated as Specialists | Rs. 500 for first consultation, Rs 400 for each subsequent consultation |

Note:

a. For visits between 10:00 p.m. and 6:00 a.m. the fee reimbursable will be up to one and a half times the normal reimbursement ceiling.

b. In the case of domiciliary visits, the employee will have to get a certificate from the doctor to the effect that domiciliary visit was essential in view of the condition and the health of the patient.

c. The maximum number of consultations in respect of which reimbursement shall be permitted in respect of any one illness in any one spell shall be limited to three, except when the illness requires prolonged treatment in which case more than 3 consultations may be permitted if certified by the Authorized Medical Attendant.

6. Treatment at Residence

a. An employee may receive treatment at his/her residence if the Authorized Medical Attendant is of the opinion and certifies that owing to the absence or remoteness of a suitable hospital or the severity of the illness he/she cannot be given treatment in the hospital.
b. Cost of treatment so received, limited to the amount reimbursable, if he/she had not been treated at his/her residence, shall then be reimbursed to him/her.

7. TA for medical attendance journeys

a. When the place at which a patient falls ill is more than ten kilometers by the shortest route from the consulting room of the Authorized Medical Attendant, the patient shall be entitled to Traveling Allowance for the journey to and from such consulting room.

b. If the patient is too ill to travel the Authorized Medical Attendant shall be entitled to traveling allowance for his/her journey to and from the place where the patient is to be treated.

c. A certificate issued in writing by the Authorized Medical Attendant stating that medical attendance was necessary and/or that the patient was too ill to travel shall accompany the claim for traveling allowance.

d. If the case of a patient is of such a serious or special nature as to require medical attendance by a Medical Officer other than Authorized Medical Attendant, he/she may:

- Send the patient to the nearest Specialist or Medical officer by whom, in his/her opinion, medical attendance is required for the patient; or
- If the patient is too ill to travel, summon such Specialist or Medical Practitioner to attend to the patient at his/her residence.

e. The employee shall intimate the facts and circumstances of the case to the Controlling Officer in writing/fax at the earliest opportunity. Traveling allowance for the journey involved shall be payable to the patient/specialist on a certificate to be issued by the Authorized Medical Attendant.

f. Claims for such treatment will be governed by provisions of Rule 12 below.

8. Dental Treatment

a. Dental treatment must be obtained only from the Hospitals notified for the purpose and not from any other private institution.

b. The expenses incurred by an employee in connection with the following types of dental treatment obtained at hospitals so notified may be reimbursed:
   i. Extraction;
   ii. Scaling and gum treatment;
   iii. Filling of teeth;

c. No private dentist shall be appointed as Authorized Medical Attendant.

9. Reimbursement for Complete Dentures

The essential expenditure incurred in providing a complete denture is reimbursable subject to a ceiling of Rs. 2000/- only for the complete denture and Rs. 1000/- for a denture of one jaw only provided that it has been advised and considered essential by the Dental Surgeon of a Notified Hospital.
An employee who may have opted in favour of medical facilities available in his/ her parent organization may be permitted by the concerned authority in his/her parent department for provision of dentures.

The reimbursement of complete / partial denture shall be permitted on one time basis only.

10. Choice of Authorized Medical Attendant

An employee is expected normally to consult an Authorized Medical Attendant nearest to his/her residence who should also be his/her nominated Authorized Medical Attendant. He/She may, however, consult any particular Authorized Medical Attendant of his/her choice provided he/she gives his/her option in writing to the Controlling Authority in advance who could thus keep a check on medical reimbursement bills submitted. No TA/DA shall, however, be paid to the employee for such consultation.

11. Choice of Treatment System

The employees or their families are not permitted to take treatment simultaneously under two or more systems of medicine for the same ailment. But there is no objection to the treatment being received simultaneously in different systems of medicine for different ailments if it is within the knowledge of attending doctor(s) of the other system(s) concerned.

12. Emergent Situations

In case of extreme emergencies or unforeseen circumstances, when an employee or the member of his/her family falls ill, he/she may take treatment from any other Medical Attendant even if he/she is not an Authorized Medical Attendant in terms of these Byelaws. Each such case shall, however, be considered on merits by the Controlling Authority who shall satisfy itself about the genuineness of the claim before it is allowed.

13. Medical Attendance while on Tour

In an employee needs any medical services while on tour to a place where there is no notified hospital, the Principal Medical Officer of the district appointed by the Government to attend to its officers in the District shall be considered to be his Authorized Medical Attendant for the purpose of these Byelaws.

14. Claims for Reimbursement

a. All payments for medical expenses will ordinarily be made by the employee in the first instance and reimbursement claimed. All claims for reimbursement shall be submitted in the form prescribed (Annexure III).

b. A claim for reimbursement shall be supported by regular vouchers/cash memos and a copy of the prescription.
c. A claim for reimbursement presented after three months from the date of completion of treatment or where required intimation in writing / fax was not made at the earliest opportunity to the Controlling Officer will normally be rejected unless the Competent Authority is satisfied with the reasons given for delay to be recorded and examined in audit.

d. The cost of hospitalization will include pre- and post admission treatment, OPD charges and resultant cost of medicines subject to certification by the Notified Hospital that such OPD charges and pre/post admission treatment was part of the indoor treatment and was provided within a period of 3 months on either side.

e. Reimbursement of expenditure incurred on hospitalization from a notified hospital will be made with the sanction of the Competent Authority.

f. In case of an emergency where any notified hospital could not be reached and treatment had to be taken from another hospital, reimbursement will be made only on a certificate from the attending doctor of the (non-notified) hospital to the effect that the patient had to be admitted in emergency. The exact nature of the emergency shall also be stated in the certificate so issued.

g. The reimbursement on account of room rent for private wards in the notified hospitals/nursing homes shall be on the following basis:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director (Admin &amp; Finance)</td>
<td>Private Ward</td>
</tr>
<tr>
<td>Deputy Director (Admin)</td>
<td>Private Ward</td>
</tr>
<tr>
<td>Account Officer (with Grade Pay of Rs. 5400/-)</td>
<td>Private Ward</td>
</tr>
</tbody>
</table>

Whenever a large amount is required to be deposited as an advance with a hospital, such payment will be made by the Society directly to the hospital.

h. The status of an officer/employee of Society for the purpose of medical attendance will be determined with reference to the actual pay he/she is drawing at the time he/she falls ill.

i. Claims for reimbursement under these Rules pertaining to the officers serving on deputation with the Society who have opted for retaining the facilities available to them under their respective parent organizations, will be submitted to the concerned organization / cadre controlling authority only.

15. Cash memo and Essentiality Certificate

a. Cash memos for purchase of medicines must be obtained and got countersigned by the Authorized Medical Attendant. The Essentiality Certificate must contain the names of all the medicines prescribed and the amount incurred on purchase of each medicine. All Authorized Medical Attendants shall indicate clearly their designation and degree while signing reimbursement claim papers.
b. A certificate issued by the Authorized Medical Attendant that the patient is suffering from a chronic ailment needing prolonged treatment, shall be accepted as a certificate of Essentiality for that particular ailment. The Authorized Medical Attendant may prescribe medicines for up to 3 months at a time where necessary on the basis of the said certificate.

16. Eligible items for Reimbursement

a. The cost of medicines prescribed by Authorized Medical Attendant will be reimbursed.

b. Cost of indoor treatment / hospitalization in a notified hospital in the relevant specialization including pre and post admission treatment, OPD charges will be reimbursed.

c. All pathological, bacteriological, radiological and other tests conducted at a Notified Hospital will be reimbursed provided these tests have been prescribed by Authorized Medical Attendant (AMA). When such tests are carried out elsewhere on the basis of recommendation of the treating Notified Hospital or during an emergent situation, the charges shall be limited to the rates prescribed in the Notified Hospital that prescribes such tests or the rates applicable in the Central Government Hospital, as the case may be.

d. The cost of items of food value and toiletries, even if prescribed by the doctor will not be reimbursable.

17. Interpretation and power to remove difficulties

a. The interpretation of the Chief Executive Officer-NRLPS will be final in respect of any provisions of these Rules.

b. The power to remove difficulties in the application of these Byelaws shall vest in the Chief Executive Officer, NRLPS.

National Rural Livelihoods Promotion Society
Annexure I

List of Notified Hospitals / Clinics

1. All hospitals recognized by the Central Government (CGHS) vide their letter No. S.11045/36/2012-CGHS(HEC) dated 01.10.2014, as amended from time to time.

2. Mangalam Medical Services, Patparganj, I.P. Extension, Delhi.

3. Ram LalKundanLalOrthopaedic Hospital Bungalow Plot No. 8, Pandav Nagar, Patparganj, Delhi.

4. Shanti Mukand Hospital, 2 Institutional Area, Vikas Marg Extn., Delhi-110092.

5. Mohinder Hospital, C-5, Green Park Extension, New Delhi-110016.

Dentists & Dental Clinics

1. Dr. Gulati Dental Clinic, A-16, SwasthyaVihar, Vikas Marg, Delhi.

2. Dr. Sunil Khosla, B-1/76, Safdarjung Enclave, New Delhi.

3. Dr. N.K. Raisinghani Dental Clinic, H-A-68(GF), Lajpat Nagar, New Delhi.

4. South Delhi Dental & Orthodontic Centre, M-1, HauzKhas, Shri Aurbindo Marg, New Delhi.

5. Dr. AlokBisht, Dental Care & Implant Clinic, 73, Vijay Block, Laxmi Nagar, Vikas Marg, New Delhi.
Annexure II

ESSENTIALITY CERTIFICATE

CERTIFICATE "A"

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

Certificate granted to Mrs./Mr./Miss _______________________________ Wife/Son/Daughter of Mr. _______________________________ employed in the office of the _______________________________.

I. Dr. hereby certify,
   a. That I charged and received Rs. ______________ for __________________________ consultations on ________________________ room / at the residence or the patients;
   b. That I charged and received Rs. ______________ for administering ________________________ (dates to be given) at ________________________ my consulting room / the residence of the patient.
   c. That the injections administered were not / were for immunizing or prophylactic purpose.
   d. That the patient has been under treatment at ________________________ 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. The medicines are not stocked in the ________________________ (names of hospitals) for supply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

   S No.   Name of Medicine   Price
   1.
   2.
   3.
   4.

   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 or post – natal treatment.

   g. That the X-rat, Laboratory test, ect. for which an expenditure of Rs. ________________________ was incurred was necessary and were undertaken on my advice at

   h. That the patient did not require / required hospitalization.
i. That the ailment is/is not a chronic ailment and medicines at S.No. ____________ above are required for prolonged treatment of the chronic ailment and will need to be taken for at least _______________ days / 3 months/

Dated

Signature & Designation

of the Medical Officer

and hospital/Dispensary

to which attached.
# Annexure III

Form of application for claiming reimbursement of medical expenses incurred in connection with medical attendance and/or treatment of employees of NRLPS and their families

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<table>
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<tr>
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<tbody>
<tr>
<td>1.</td>
<td><strong>Name &amp; Designation of the Employee (In block letters):</strong></td>
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<tr>
<td>2.</td>
<td><strong>Whether Married or Unmarried:</strong></td>
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<td></td>
<td>If married, the place where husband / wife is employed:</td>
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<td>Office in which employed:</td>
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<td>Pay of the employee:</td>
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<td>Place of Duty:</td>
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<td></td>
<td>Actual Residential Address:</td>
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<td></td>
<td>Name of the Patient and his/her relationship to the employee. (In case of children, also</td>
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<td></td>
<td>state their age):</td>
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<td></td>
<td>Details of the amount claimed:</td>
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## I. Medical Attendance:

### i. Fees for consultation indicating

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>a.</td>
<td>The name and designation of the medical officer consulted and the hospital or dispensary</td>
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<tr>
<td></td>
<td>which attached:</td>
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<tr>
<td>b.</td>
<td>The number and dates of consultation and the fees for each consultation:</td>
</tr>
<tr>
<td>c.</td>
<td>The number and dates of injection and the fee paid for each injection:</td>
</tr>
<tr>
<td>d.</td>
<td>Whether consultation and/or injections were had at the hospital, at the consulting</td>
</tr>
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<td></td>
<td>room of the medical officer or at the residence of the patient:</td>
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</table>

### ii. Charges for pathological, bacteriological, or other similar tests undertaken during diagnosis indicating

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<tbody>
<tr>
<td>a.</td>
<td>The name of the hospital or laboratory where undertaken; and:</td>
</tr>
<tr>
<td>b.</td>
<td>Whether the tests were undertaken on the advice of the authorized medical attendant.</td>
</tr>
<tr>
<td></td>
<td>If so, a certificate to that effect should be attached:</td>
</tr>
</tbody>
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### iii. Cost of medicines purchased from the market (Cash memos and the essentiality certificate should be attached)

## II. Hospital Treatment

### Name of the Hospital:

**Charges for hospital treatment, indicating separately the charges for:**

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<table>
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<tbody>
<tr>
<td>a.</td>
<td>Accommodation [State whether it was according to the status or pay of the employee and</td>
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<tr>
<td></td>
<td>in case the accommodation is higher than the status of the employee, a certificate should</td>
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<tr>
<td></td>
<td>be attached to the effect that accommodation to which he was entitled was not available]:</td>
</tr>
<tr>
<td>b.</td>
<td>Diet:</td>
</tr>
<tr>
<td>c.</td>
<td>Surgical operation or medical treatment or confinement:</td>
</tr>
<tr>
<td>d.</td>
<td>Pathological, bacteriological, radiological or other similar tests, indicating:</td>
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<tr>
<td></td>
<td>- The name of the hospital or laboratory at which undertaken:</td>
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<td></td>
<td>- Whether undertaken on the advice of the medical officer-in-charge of the case at the</td>
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<td>hospital, if so, a certificate to that effect should be attached:</td>
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<tr>
<td><strong>e.</strong></td>
<td>Medicines:</td>
</tr>
<tr>
<td><strong>f.</strong></td>
<td>Special Medicines (Cash memo and essentiality certificate should be attached):</td>
</tr>
<tr>
<td><strong>g.</strong></td>
<td>Ordinary nursing:</td>
</tr>
<tr>
<td><strong>h.</strong></td>
<td>Special Nursing, i.e. nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the 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:</td>
</tr>
<tr>
<td><strong>i.</strong></td>
<td>Ambulance charge [State the journey-to and fro-undertaken]:</td>
</tr>
<tr>
<td><strong>j.</strong></td>
<td>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:</td>
</tr>
</tbody>
</table>

Note 1. If the treatment was received by the employee at his residence, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these Rules.

Note 2. If the treatment was revived at a hospital other than a notified hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest notified hospital should be furnished.

### III. Consultation with Specialists

Fees paid to a specialist or a Medical Officer other than the authorized medical attendant, indicating

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<tbody>
<tr>
<td><strong>a.</strong></td>
<td>The name and designation of the specialist: or Medical Officer consulted and the hospital to which attached:</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>Number and dates of consultations and the fees charged for each consultation:</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>Whether consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient:</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>Whether the specialist or Medical Officer was consulted on the advice of the authorized medical attendant the prior approval of Competent Authority was obtained. If so a certificate to that effect should be attached:</td>
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<tr>
<td><strong>9.</strong></td>
<td>Total amount claimed:</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Less Advance taken on:</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Net amount claimed:</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>List of enclosures:</td>
</tr>
</tbody>
</table>

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**Declaration to be signed by the Employee**

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

Dated ____________  
Signature of the Employee