

**CENTRAL UNIVERSITY OF  
KARNATAKA**

(Established by an Act of the Parliament in 2009)



CENTRAL UNIVERSITY OF KARNATAKA

Kadganchi, Aland Road  
Gulbarga 585 311  
Phone (08477) – 226702  
Tele fax : 225703  
Website: www.cuk.ac.in

**Medical Reimbursement Claim for Outpatient Treatment**

1. Name & Designation of the Employee : \_\_\_\_\_

2. Department / Branch : \_\_\_\_\_

3. Pay including special pay : \_\_\_\_\_

4. Place of Duty : \_\_\_\_\_

5. Actual residential address : \_\_\_\_\_  
\_\_\_\_\_

6. Name of the patient and his/her  
Relationship to the employee : \_\_\_\_\_

7. Address/Place at which the patient fell ill: \_\_\_\_\_  
\_\_\_\_\_

8. Details of charges paid for A.M.A / Specialist Services indicating :

i) Consultation on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_

ii) Injection on \_\_\_\_\_ amount paid Rs. \_\_\_\_\_

9. Cost of Medicines Rs. \_\_\_\_\_

10. Total amount claimed Rs. \_\_\_\_\_

11. List of enclosures :

i) Essentiality Certificates : \_\_\_\_\_

ii) Doctor's prescription dated : \_\_\_\_\_

iii) Cash Memo No. & Date	Name & Address of the Medical Shop	Name of the medicines and quantity	Price	
			Rs.	Ps.

12. Declaration :

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

**Station : Gulbarga**

**Date :**

**Signature of the Employee**

**CERTIFICATE 'A'**

(To be completed in the case of patient who are not admitted to Hospitals for treatment)

Certificate granted to Mrs./Mr. Miss. \_\_\_\_\_

Wife/Son/Daughter/Father/Mother of Mr. \_\_\_\_\_

Employee in the Central University of Karnataka

I, Dr \_\_\_\_\_ hereby certify

- a) that I charged and received Rs. \_\_\_\_\_ for \_\_\_\_\_ consultation on \_\_\_\_\_ (dates to be given) at my consulting room/at the residence of the patient.
- b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_ intra - venous / intra muscular / subcutaneous injection on \_\_\_\_\_ (dates to be given) at \_\_\_\_\_ my consulting room/at 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 located at H.No. \_\_\_\_\_ and that the medicines prescribed by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient.
- e) The medicines are not stocked in the \_\_\_\_\_ (Name of Hospital) for supply to private patient and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primarily foods, toilet or disinfectants.
- f) That the patient is /was suffering from \_\_\_\_\_ and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_.
- g) That the patient is/was not given pre natal treatment.
- h) That the X-Ray, Laboratory, Test, etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and undertaken on my advice at \_\_\_\_\_ (Name of the Hospital or Laboratory)
- i) That I referred the patient to Dr. \_\_\_\_\_ for specialist consultation and that the necessary. Approval of the \_\_\_\_\_ (Name of the Chief Administrative Officer of the State) as required under the rule was obtained.
- j) That the patient did not require / required Hospitalization.

Dated :

**Signature, Designation &  
Registration No. of the Medical Officer  
& Hospital / Dispensary**

N.B. : Certificates not applicable should be struck off, Certificate (s) is compulsory and filled in by the Medical Officer in all cases.

Note : 1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer, who will be required to affix a Revenue Stamp on the Essentiality Certificate itself when the payment exceeds Rs. 500/-

2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.