

FORM No.1

APPLICATION FORM FOR MEDICAL REIMBURSEMENT CLAIMS BY Ex-MLA's/SPOUSE

(See Rule 3 of Medical Attendance to the Ex-Members of the Legislative Assembly Rules, 1988)

1. Name and Address of the applicant ..
2. Name of patient ..
3. Period of treatment ..
4. The System under which treatment was received (a) Allopathy (b) Ayurveda\* (c) Homoeopathy ..
5. Station where the applicant fell ill and the Headquarters of the Authorised Medical Attendant of that Station ..
6. The place/institution with its name and address, where the treatment was received :
  - (a) Consulting room of the Authorised Medical Attendant ..
  - (b) Consulting room of the Government Medical Officer/Specialist ..
  - (c) Medical institution ..
  - (d) Residence of the patient\*\* ..
7. If Hospitalised Outside the State:
  - (a) Name of Institution ..
  - (b) Whether prior sanction of the Director of Health Services has been obtained ..
  - (c) if not, whether Ex-post facto sanction of the Government has been obtained ..
8. Claims on account of treatment:
  - (i) Cost of/charges/fee for :
    - (a) Medicine and other therapeutic substances ..
    - (b) Other items/materials used for treatment ..
  - (ii) Diagnostic Methods:
    - (a) Ordinary methods (such as lab tests, X-ray examinations, ECG etc.) ..
    - (b) Special and costly methods (such as scanning, ultrasonography etc.) ..

- (iii) Treatment methods:
- (a) Surgical operations ..
  - (b) Radiation treatment ..
  - (c) Dialysis ..
  - (d) Any other method ..
- (iv) Special Nursing, Intensive care ..
- (v) Accommodation ..
- (vi) Consultation ..
- (vii) Any other items ..
9. If T. A. is claimed state:
- (a) Whether it is for :
    - (i) the patient only ..
    - (ii) the patient and the attendant ..
  - (b) Starting point and destination and the distance between them ..
  - (c) Mode/Modes of conveyance and the total distance travelled in each conveyance during the onward and return journeys ..
  - (d) T. A. claimed for :
    - (i) the patient ..
    - (ii) the attendant ..
  - (e) Total T. A. Claimed ..
10. Total amount claimed ..
11. Enclosures\*\*\*
- (a) Vouchers ..
  - (b) Certificates ..
  - (c) T. A. Bills ..
  - (d) Affidavit of non-remarriage, attested by a Gazetted Officer/MLA (for Spouses) ..
  - (e) Any other Enclosures ..

Place:

*Signature of the applicant*

Date:

\* Attached certificate from the AMA as in the para 5 of the Circular No. 8152/MAD1/2008/Leg., dated 1-7-2009.

\*\* Treatment at residence means the treatment provided at the residence of the patient, instead of at hospital, under special circumstances such as absence or remoteness of a suitable hospital and severity of the illness: vide rule 7 (1).

\*\*\* Vouchers ie, Cash bills, receipts, etc. in support of the claims are to be produced together with the application. T. A. Claims are to be preferred in Gazetted Officers T. A. Bill Form (TR 47). If T. A. is claimed for the attendant also, separate T. A. Bill Forms (TR 47 Forms) are necessary for the Ex-MLA and the Attendant.

ADVICE CERTIFICATE \*

[Vide rule 6 (2) and (3)]

Certified that I advised Shri/Smt.....

Ex-M. L. A. to undergo treatment at .....

(Name and address of the institution).

† Since there is no Government/Non-Government medical institution in the Station/District/State or ‡ any other Non-Government medical institution at the station, in which suitable and necessary treatment can be provided to him/her and that he/she was under treatment there for the period from.....

to.....and the Director † of Health Services/Indian Systems of Medicine/Homoeopathy has approved the advice for the treatment at that hospital. Certified ‡ also that it was unsafe for him/her to travel unattended and that an attendant was necessary to accompany him/her to the place of treatment and back.

Station :

Signature, Name and Designation  
of the Authorised Medical Attendant

Date :

Countersigned

(Office Seal)

District Medical Officer

(Office Seal)

\* The certificate is intended for the advice to—

- (a) Government medical institution at the station/district.
- (b) Non-Government medical institution at the station/district.
- (c) any medical institution inside/outside the State [Vide rule 6 (1)].

† The portion “since there is no.....and back” is to be scored off if the treatment was at the station. The portion “the Director.....at that hospital” is to be scored off, if the treatment was inside the State.

‡ The words “or any other medical institution at that station” is applicable only if the treatment is at a Non-Government medical institution in the district but outside the station. The certificate portion “Certified also that.....and back” is necessary only if T A is claimed for the attendant accompanied.

[P. T. O.]

**CERTIFICATE FOR RESIDENTIAL TREATMENT**

[Vide rule 7 (3)].

Certified that Shri/Smt..... Ex-M. L. A. has undergone medical treatment at his/her residence for the period from..... to..... since it was not possible to provide him/her hospital treatment, owing to the absence/remoteness of a suitable hospital near his/her residence/and owing to the risk involved in the journey to the nearest hospital because of the severity of his/her illness and that is this treatment had been provided to him/her at the nearest hospital instead of at his/her residence, the amount of the cost of similar hospital treatment would have been \*Rs.....

Station :

Date :

*Signature, Name and Designation of  
the Authorised Medical Attendant*

Countersigned

(Office Seal)

Director of Health Services/Indian Systems  
of Medicine/Homoeopathy

(Office Seal)

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\* In figures and words

## ESSENTIALITY CERTIFICATE

[Vide rule 2 (f) (iii) and (vi) and rule 7 (1)]

Certified that the following Medicines/Vaccines/Sera/other therapeutical substances prescribed to Shri/Smt. .... Ex-M.L.A., the following materials used in his/her treatment, the special nursing provided to him/her, the following diagnostic and treatment methods applied in his/her case during his/her aforementioned treatment, were essential for the recovery/for the prevention of serious deterioration in his condition and that the medicines do not include therapeutic substances ordinarily available in the Government Hospital, the preparations which are primarily used as food, tonics, toilet or disinfectant and such costly drugs, tonics, laxatives and other elegant and proprietary preparations for which, drugs of equal therapeutic value are available. Certified\* also that among the fees claimed below the fees for administering injections and the fees paid to the nurses for having attended to the Ex-M.L.A. at his/her residence are not included.

<i>Sl. No. of voucher †</i>	<i>Date of voucher</i>	<i>Brand Name with Chemical/ Pharmacological Name of medicine</i>	<i>Price/Cost/ Fee/Charges Rs. P.</i>
(1)	(2)	(3)	(4)

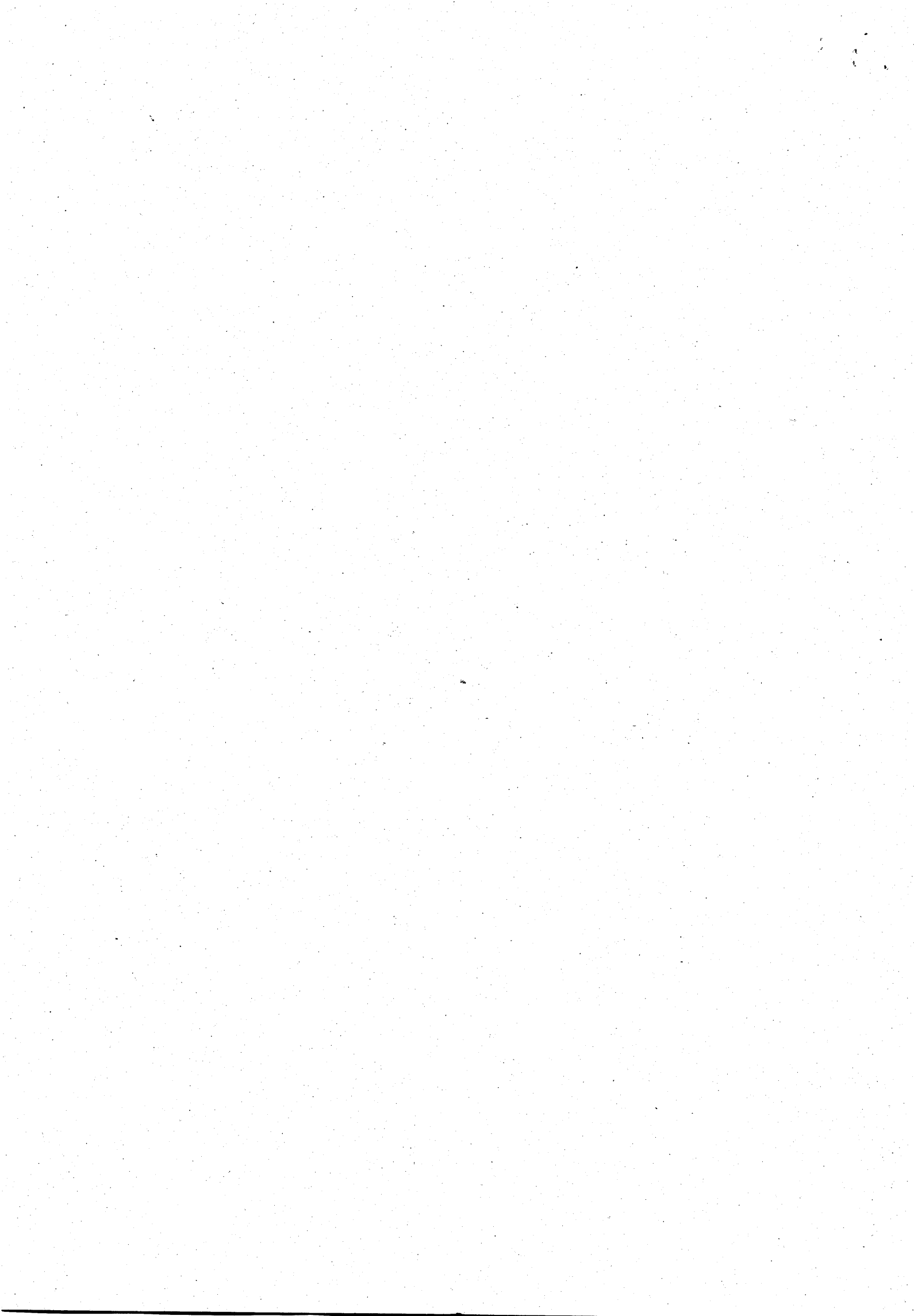
Station :

Date :

*Signature, Name and Designation  
of the Authorised Medical Attendant  
(Office Seal)*

\* The portion "Certified also that.....not included" applicable only if the treatment was at the residence of the Ex-M.L.A. as contemplated in rule 7 (1)—Vide the Note under Rule 8.

† Arrange the vouchers in chronological order and assign serial number to each voucher and write that number.



**DECLARATION**

(a) I hereby declare that I am not currently holding any post under any Board, Corporation or Local Authority owned or controlled by the Government and have not claimed the medical reimbursement over the bills and vouchers which I am submitting herewith from any institution/insurance agency.

(b) I.....\* hereby declare that I have not claimed and availed the facility of medical reimbursement over the bills and vouchers which I am submitting herewith, from the ..... \*\* Where I am currently holding the position as ..... \*\*\* or from any other institution or insurance agency.

Yours faithfully,

*(Name and Signature/Thumb impression of the Applicant)*

\* Here enter the name of Ex-MLA or spouse, as the case may be

\*\* Here enter the name of the Board, Corporation or any other Local Authority owned or controlled by the Government where the Ex-member is currently holding the office.

\*\*\* Here enter name of post which the Ex-member is holding.





അപേക്ഷകർക്കുള്ള നിർദ്ദേശങ്ങൾ

- (1) അപേക്ഷ, അഡ്വൈസ് സർട്ടിഫിക്കറ്റ്, എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റ് എന്നിവ പൂർണ്ണമായും പൂരിപ്പിക്കേണ്ടതാണ്.
- (2) ക്യാഷ് ബില്ലുകളും ഇൻപേഷ്യന്റ് ബില്ലുകളും തീയതി ക്രമത്തിൽ ക്രോഡീകരിയ്ക്കുകയും മരുന്നിന്റെ പേര്, രാസനാമം, തുക എന്നിവ എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റിൽ രേഖപ്പെടുത്തുകയും ചെയ്യേണ്ടതാണ്.
- (3) ക്ലെയിം ചെയ്യുന്ന തുക അപേക്ഷയിലെ നിർദ്ദിഷ്ട സ്ഥാനത്ത് രേഖപ്പെടുത്തേണ്ടതാണ്.
- (4) ഒരേ കാലയളവിൽത്തന്നെ വ്യത്യസ്ത ചികിത്സാ രീതികൾക്കുള്ള (അലോപ്പതി/ ആയുർവേദം/ഹോമിയോപ്പതി തുടങ്ങിയവ) ചെലവ് ക്ലെയിം ചെയ്യുന്നില്ല എന്ന് ഉറപ്പ് വരുത്തേണ്ടതാണ്.
- (5) മുൻപ് ചികിത്സാ ചെലവ് അനുവദിച്ച കാലയളവിലെ ചികിത്സാ ചെലവുകൾ (ഓവർലാപ്പിംഗ്) വീണ്ടും ക്ലെയിം ചെയ്യുന്നില്ല എന്ന് ഉറപ്പ് വരുത്തേണ്ടതാണ്.
- (6) ഇൻപേഷ്യന്റ് ബില്ലുകൾ സമർപ്പിക്കുമ്പോൾ മരുന്നുകൾ വാങ്ങിയതിന്റെ ഡീറ്റയിൽഡ് ബില്ലുകൾ കൂടി സമർപ്പിക്കേണ്ടതാണ്.
- (7) ക്യാഷ്ബില്ലുകൾ, ഇൻപേഷ്യന്റ് ബില്ലുകൾ, ഡീറ്റയിൽഡ് ബില്ലുകൾ എന്നിവയും എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റും സർക്കാർ സർവ്വീസിലെ അസി. സർജനിൽ കുറയാത്ത ഡോക്ടർ (എ.എം.എ) സാക്ഷ്യപ്പെടുത്തേണ്ടതാണ്.
- (8) സംസ്ഥാനത്തിന് പുറത്ത് ചികിത്സ തേടുന്നവർ ഹെൽത്ത് സർവ്വീസ് ഡയറക്ടറുടെ (ഡി.എച്ച്.എസ്) മുൻകൂർ അനുമതി വാങ്ങേണ്ടതാണ്. (ആയുർവേദ ചികിത്സയാണെങ്കിൽ ആയുർവേദ ഡയറക്ടർ)
- (9) അപേക്ഷയോടൊപ്പം സമർപ്പിക്കുന്ന എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റിന്റെ എല്ലാ പേജുകളിലും സർക്കാർ ഡോക്ടറുടെ(എ.എം.എ) ഒപ്പും സീലും പതിച്ചതിന് ശേഷം, ആയതിന്റെ ഫോട്ടോകോപ്പി കൂടി നിർബന്ധമായും സമർപ്പിക്കേണ്ടതാണ്.
- (10) റ്റി.എ. ക്ലെയിം ചെയ്യുന്ന പക്ഷം യാത്ര ചെയ്തതിന്റെ ഒറിജിനൽ രേഖകൾ സഹിതം (വാഹന ഡ്രൈവറുടെ വാച്ചർ മുതലായവ) 'റ്റി. ആർ 47' അപേക്ഷയോടൊപ്പം ഹാജരാക്കുകയും ആയതിൽ സർക്കാർ ഡോക്ടർ (എ.എം.എ)സാക്ഷ്യപ്പെടുത്തുകയും അപേക്ഷകൻ ഒപ്പ് വയ്ക്കുകയും ചെയ്യേണ്ടതാണ്.
- (11) അപേക്ഷയോടൊപ്പമുള്ള ഡിക്ലറേഷൻ പൂർണ്ണമായും പൂരിപ്പിച്ച് (ഔദ്യോഗിക സ്ഥാനം വഹിക്കുന്നവർ അവകൂടി രേഖപ്പെടുത്തണം) ഒപ്പ് തീയതി എന്നിവ രേഖപ്പെടുത്തേണ്ടതാണ്.

മെംബേഴ്സ് അമിനിറ്റീസ് 'ഡി' വിഭാഗം