

APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF LEGISLATURE MEMBERS AND THEIR FAMILIES SERVING IN CONNECTION WITH THE AFFAIRS OF JAMMU AND KASHMIR.

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1. Name of the Hon'ble Member \_\_\_\_\_
2. Name of the Constituency \_\_\_\_\_
3. Paye \_\_\_\_\_
4. Name of the patient and his/her relationship to the Hon'ble Member \_\_\_\_\_
5. Actual residential address \_\_\_\_\_
6. Details of amount claimed \_\_\_\_\_

MEDICAL CERTIFICATE

- i/ Total fee/charges for consultation/injections Laboratory charges \_\_\_\_\_
- ii/ Whether the tests were undertaken on the medical advice, if so; certificate to the effect should be attached.

HOSPITAL TREATMENT

Charges for Hospital treatment indicating \_\_\_\_\_

- i/ Accommodation \_\_\_\_\_
- ii/ Diet \_\_\_\_\_
- iii/ Surgical operation/Medical treatment.
- iv/ Laboratory.
- v/ Medicines.
- vi/ Nursing.

Note: In the former case a certificate from the Medical Officer/ Incharge of the case and countersigned by Medical Superintendent of the Hospital should be attached.

vii/ Ambulance charges.

Note: If treatment was received at the Hospital other than Govt. Hospital necessary details and the certificate of the Medical Officer that requisite treatment was not available in any near station Government Hospital should be furnished.

7. Total amount claimed \_\_\_\_\_
8. List of enclosures \_\_\_\_\_

DECLARATION TO BE SIGNED BY THE HON'BLE

MEMBER

I hereby declare that the statement made in the aforesaid paras is correct to the best of my knowledge and belief and that the person for whom medical expenses were incurred is/are wholly dependent upon.

Signature of the MLC.

MEDICAL CERTIFICATE

Total charges for consultation/injections/Laboratory charges  
Whether the tests were undertaken on the medical advice, if not, certificate to the effect should be attached.

HOSPITAL TREATMENT

Charges for hospital treatment indicating  
Accommodation  
Diets  
Surgical operation/Medical treatment  
Laboratory  
Medicine  
Nursing  
Ambulance charges  
In the event that a certificate from the Medical Officer in charge of the case and countersigned by Medical Superintendent of the Hospital should be attached.

Note: If treatment was received at the Hospital other than Govt. Hospital, necessary details and the certificate of the Medical Officer that specific treatment was not available in any near station Government Hospital should be attached.

Total amount claimed  
Date of completion

**ESSENTIALITY CERTIFICATE**  
(For Doctor's Use)

Certificate granted to Mr./Mrs./Miss \_\_\_\_\_  
(the beneficiary)

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

1. I, Dr. \_\_\_\_\_ certify that:-
- a/ That I charged Rs. \_\_\_\_\_ for \_\_\_\_\_  
Consultation \_\_\_\_\_ at my consulting room/Residence of  
the patient \_\_\_\_\_
- b/ That I charged Rs. \_\_\_\_\_ for administering \_\_\_\_\_
- c/ That the patient has been under treatment at Hospital/PH/Clinic and that under  
mentioned medicines prescribed by me were essential for the recovery/prevention  
of serious deterioration in the conditions of the patient. The medicines are not  
stocked in the Primary Health Centre/Hospital.
- d/ That the drugs or their substitutes do exist in the Master list of drugs for  
MLAs \_\_\_\_\_
- e/ Name of medicines \_\_\_\_\_  
That the patient was suffering from \_\_\_\_\_
- f/ That the Ex-ray/Lab, tests etc. for which an expenditure of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) incurred were necessary.
- g/ That the patient was referred to Specialist/Hospital.

Signature of \_\_\_\_\_  
M.O./Registrar/ Specialist/I/C  
/PH/Government Hospital.

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## FORM OF DECLARATION

To

The Secretary,  
J&K Legislative Council,  
Srinagar / Jammu.

Sir,

I.....

R/O : .....

Member, J&K Legislative Council from .....

Constituency hereby declare that the following Members of my family are wholly dependent upon me: -

<u>S.No.</u>	<u>Name of the Family Member</u>	<u>Age</u>	<u>Relationship with the Member</u>
01.	_____	_____	_____
02.	_____	_____	_____
03.	_____	_____	_____
04.	_____	_____	_____
05.	_____	_____	_____
06.	_____	_____	_____
07.	_____	_____	_____
08.	_____	_____	_____
09.	_____	_____	_____
10.	_____	_____	_____

This is for your record and reference.

Yours faithfully

Member J&K  
Legislative council  
.....Constituency