

# HARYANA STATE AGRICULTURAL MARKETING BOARD

## Form Essential Certificate For MEDICAL REIMBURSEMENT

Name of Claimant\_\_\_\_\_

Period of treatment.....

Designation.....

From.....to.....

Adhar No.\_\_\_\_\_

Mobile No.\_\_\_\_\_

Department.....

Indoor No.....Date.....

Pay.....

Our Door No.....Date.....

Certify that Mr./Mrs.....

Son./Daughter/wife/mother/father of the.....

Employed In the office of the.....

Has been under my treatment in

the.....

Hospital/Dispensary In my consultation n room and that the under mentioned medicines prescribed by me in this connection were absolutely essential in the condition of the patient. The medicines were not stoked in the.....

(Name of the Hospital/Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal value are not available & do not include preparation for which are primarily food, toilets or disinfectionsits.

### Certified that:-

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed in reasonable.
4. The medicines are not in the nature of tonics or foods or vitamins etc. the cost of which is not reimburseable in the Govt. orders issued on this subject from time to time.
5. He/She was suffering from.....(disease).

S.No.	Name & Quantity of medicines in capital letter	Outdoor ticket No. & dt. of which prescribed	Date on actually purchased	Price	
				Rs.	P.

S.No.	Name & Quantity of medicines in capital letter	Outdoor ticket No. & dt. of which prescribed	Date on actually purchased	Price
				Rs. P.

Signature and stamp of the A.M.A  
Name in Capital Letters.....

In case indoor treatment

Certificate that the medicines claimed in this bill as per indoor ticket (No.....)  
relates to the case

Sign & stamp of the A.M.A.

Certified that:

1. The medicines have actually been purchased by me during the course of treatment.
2. I am living in House No.....
3. I have purchased the medicines from the prescribed co-po. store.
4. The medicines have been purchased from private shop after obtaining non availability.

Certificate from so-op. Store/Super Bazar of .....

5. In case of children/dependent sister.

That deponent/Mrs/Mr..... is my  
..... and he/she is wholly deponent upon me and  
is residing with me at..... And/he/she is unmarried and unemployed (in  
case of son/daughters)

6. For parents only

His/Her total monthly income does not exceed Rs.3500/- P.M and my mother/ father is/ are  
residing with me at.....

7. In case of spouse is working

- (a) Certified that my wife/husband is not getting any fixed medical allowance/reimbursement from any source.
- (b) Certified that my wife/ husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
- (c) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the Claimant

(Name in Capital letters)

Designation

Mob.

Adhar No.