



राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान
National Institute of Open Schooling

Form of application for claiming Additional Medical expenses incurred toward treatment of Chronic and Prolonged Disease taken by NIOS employee as outdoor patient in Govt./Municipal Hospital/Private Hospital recognized by Central Government or NIOS.

Certificate granted to Mr./Mrs./Miss _____ employed in the National Institute of Open Schooling.

I, Dr. _____ hereby certify:

- (a) That the patient is/was suffering from _____ and is/was under treatment at _____ (name of the hospital) from _____ to _____.
- (b) That the following amounts were charged by me/hospital _____ (Name of Hospital) and the X-ray, laboratory tests etc., were necessary and were undertaken on my advice at _____ (name of the hospital or laboratory).
- i. Registration Charges _____
- ii. Consultation Charges _____
- iii. Injection Charges _____
- iv. X-ray, laboratory tests _____
- (c) That the under mentioned medicines prescribed by me in this connection were essential for the recovery of the patient and these medicines/treatment prescribed do not include cosmetics, toiletry, tonics and medicines advertised in mass media which are not reimbursable and other inadmissible medicines notified by Government of India from time to time.

Name of the Medicines

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- (d) That the investigations undertaken and medicines prescribed is exclusively for the treatment of _____ which is a prolonged/chronic diseases.
- (e) That I referred the patient to Dr. _____ for special consultants.
- (f) That the patient did not require Hospitalisation.

Signature and Designation of the AMA/Medical Officer
In-charge of the case at the hospital