

**ATOMIC ENERGY EDUCATION SOCIETY
ANUSHAKTINAGAR, MUMBAI-400 094.**

APPLICATION FOR MEDICAL CLAIMS UNDER HOMEOPATHIC/AYURVEDICTREATMENT

Application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of AEEES Employees and their families, for Medical attendance by Authorised Medical Attendant under Homeopathy/Ayurvedic system.

1.	Name of the employee	:	
	Designation & School	:	
	C.C. No. & EMPID No.	:	
	Level in Pay Matrix	:	
2.	Name of the patient, relationship with the employee and age	:	
3.	Ailment for which treatment availed	:	
4.	<u>Details of Medical Attendance and amount charged</u>		
	(i)	a.	No. of consultation with dates : _____
	(ii)	b.	Fees charged for consultation : Rs. _____
	(iii)	<u>Details of Medicine supplied and charged</u>	
		a.	_____
		b.	_____
		c.	_____
		d.	_____
		e.	_____
		f.	_____
5.	<u>Details of Medicine prescribed for purchase from outside</u> (attach bills duly countersigned by the doctor)		
	(i)	_____	
	(ii)	_____	
	(iii)	_____	
6.	<u>Any other charges (Specify)</u>		
	(i)	_____	
	(ii)	_____	
	(iii)	_____	
	(iv)	_____	

Total amount claimed :

Rs.	
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Enclosures : (SIGNATURE OF THE EMPLOYEE)

ESSENTIALITY CERTIFICATE 'A'

(To be filled in by the attending Homeopath/Vaidya)

I certify that the patient _____ has been under my treatment at the Clinic/Hospital at _____
_____ from _____ to _____
for _____. The following medicines

(Name of the ailment)

prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.

<u>Name of medicine</u>	<u>Amount charged</u>	<u>Batch No.</u>
1. _____	Rs. _____	_____
2. _____	Rs. _____	_____
3. _____	Rs. _____	_____
4. _____	Rs. _____	_____

Received Rs. _____

1. (a) No. of consultations :

(b) Charges for medicines: Rs. _____

Signature _____

Place : _____

Name of the Homeopath/Vaidya : _____

Date : _____

CERTIFICATE - B

(Declaration to be signed by the Employee)

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person to whom medical expenses were incurred is wholly dependent on me. The details of expenditure incurred are correct and has actually been paid by me.

Signature : _____

Place : _____

Name of the employee : _____

Date : _____

To :
Assistant Accounts Officer (Bills),
Central Office, AEES.