



अखिल भारतीय आयुर्विज्ञान संस्थान राजकोट, गुजरात  
All India Institute of Medical Sciences, Rajkot, Gujarat



AIIMS/Rajkot/Admin/07/Establishment/OM/2022-23/1294 Dt. 12/09/2022

OM No. 105 of 2022/23

**Subject: AIIMS Rajkot Employee Health Scheme**

**1. Background**

As per regulation 34 of "All India Institute of Medical Sciences Regulations, 2019" regarding medical facilities for employees.

- (a) The employees of the Institute including deputationists and members of their families shall be entitled to medical aid as admissible under the All-India Institute of Medical Sciences Staff Health Scheme. They shall also pay such contribution as are required under that Scheme.
- (b) In the case of employees of the Institute and their family members who avail medical facilities in places other than the place of the Institute, the Central Services (Medical Attendance) Rules 1944 as amended from time to time, shall apply. In case of any difficulty, the re-imbusement of medical expenses incurred in such cases be done as per applicable rates of Central Government Health Scheme.

**2. Purpose**

- a) All India Institute of Medical Sciences, Rajkot is still in developing stage with limited services available. IPD services are likely to start soon in the institute.
- b) City of Rajkot is currently not covered under Central Government Health Scheme (CGHS). Nearest CGHS covered city is Ahmedabad.
- c) The purpose of this document is to prescribe procedures and guidelines for **Employee Health Scheme (EHS)** of AIIMS Rajkot.

**3. Definitions**

- a) "Medical Attendance" means consultation with the Authorized Medical Attendant.
- b) "Authorized Medical Attendant"(AMA) means a Medical Officer or a Specialist of AIIMS Rajkot.
- c) "Specialist" means Specialist Doctor employed at AIIMS Rajkot and does not include any intern, Junior Resident or Senior Resident.
- d) "Medical Treatment" means the use of all medical and surgical facilities available at the Hospital in which the patient is treated as an indoor or outdoor patient, as well as supply of drugs prescribed by the Authorized Medical Attendant who considers them to be essential for the recovery or prevention of deterioration in the condition of the patient.

**4. Beneficiaries and Eligibility criteria**

- a) The scheme shall apply to all regular employees of the Institute including permanent and temporary and their dependent family members.
- b) The employees who are on deputation from other Government Departments or Public Sector Undertakings etc., on giving an option to be governed by these rules during the period of deputation instead of the rules enforced in their parent organization within a 42 month of joining the duty.



- c) It shall not be applicable to employees appointed on contractual basis or outsourced employees.
- d) Residents employed under Residency scheme of Government of India-
- i) Senior Residents (Academic and Non-Academic) are treated as temporary government servant and can avail the scheme for self and dependents during the period of employment.
  - ii) Junior Residents are employed on contractual basis and not entitled for the scheme.

#### 5. Family and Dependents

- a) The term 'family' shall mean an AIIMS Rajkot employee's wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, brothers, children. Stepchildren divorced/separated daughters and stepmother wholly dependent upon the Government servant and are normally residing with the Government servant.
- b) A member of the family is treated as dependant only if his/her income from all sources including pension is not more than Rs.9,000/- per month.. This ceiling of Rs 9,000/ p.m. is subject to revision as may be notified by the Government of India from time to time and that such revision shall be effective from the date notified by the Government.
- c) A female employee has a choice to include either her dependent parents or her dependent parents -in law(s): option exercise can be changed only once during service.
- d) Age-limits of dependent son/daughter for the purpose of availing medical facilities is as indicated below-

i)	Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
ii)	Daughter	Till she starts earning or gets married, irrespective of the age-limit, whichever is earlier.
iii)	Son suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
iv)	Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband/ widowed sisters	Irrespective of age-limit
v)	Minor brother(s)	Up to the age of becoming a major

#### 6. Contribution to the Scheme

The monthly deduction from salary of the employees based on the pay levels with the corresponding 7th Central Pay Commission shall be as under:

Sr. No.	Corresponding levels in the Pay Matrix as per Seventh CPC	Contribution/Premium (Rupees per month)
1	Level-1 to 5	250
2	Level-6	450
3	Level 7 to 11	650
4	Level 12 and above	1000



## 7. Admission to the Scheme

Eligible employee shall fill in the Application form attached as Appendix 'A' for enrolling in the scheme and submit it with all supporting documents for verification by concerned administrative officer.

## 8. Issue of FOC card

After verification, employee shall be issued Free-of-Charge (FOC) cards for each beneficiary. The card can be used by the beneficiary to avail the medical facilities available at AIIMS Rajkot as per entitlement including OPD consultation, IPD facility, laboratory and radiological investigations etc. free of charge.

## MEDICAL ENTITLEMENT

### 9. Treatment at AIIMS Rajkot

#### a) OPD Treatment

- i) Beneficiaries can directly avail OPD services for necessary examination/consultation of Authorized Medical Attendant (AMA) in specialist OPD of AIIMS Rajkot.
- ii) **Investigations and Treatment Procedures**  
Based on the advice of the specialist concerned, diagnostic tests and treatment procedures available at the institute can be done free of charge.
- iii) **Purchase of prescribed medicine**

Medicines prescribed in the OPD shall be procured from authorized pharmacist of AIIMS Rajkot. In case the medicines are not available at authorized pharmacy then a 'Certificate' is to be obtained from the authorized pharmacist and thereafter prescribed medicine can be purchased from any other pharmacy.

Format of 'Non-Availability Certificate' is attached as Appendix 'B'.

While submitting the bill for medical reimbursement, the invoice is to be submitted along with the 'Non-Availability Certificate' for reimbursement under EHS scheme of AIIMS Rajkot.

#### b) IPD Treatment

##### i) Ward Entitlement

The type of accommodation in hospital shall depend upon the status of the employees, The entitlement of wards in case of hospitalization shall be as under:

S No.	Corresponding Basic pay drawn by the employee in 7 <sup>th</sup> CPC	Ward entitlement at AIIMS Rajkot
1	Upto Rs 63,100	General Ward
2	63,101 to 80,900	Semi-Private/ General
3	80,001 and above	Private Ward

##### ii) Procurement of Drugs/Consumables for EHS In-patients

A drug requisition form of inpatient EHS beneficiary shall be initiated by the consultant Senior Resident and sent alongwith indent book to the concerned store for further processing and issue of drugs/consumable. Store officer/store keeper will arrange and



issue these items preferably on the same day either from the store or arranging through LP vendor. In case any drug/consumable is not arranged through these sources, only such

items will be bought by patient's attendants and seek reimbursement. Store keeper will make endorsement on requisition form that such items are not couldn't be arranged through LP.

**10. Treatment at places other than AIIMS Rajkot**

In the case of employees of the Institute and their family members avails medical facilities in places other than the place of the Institute, the Central Services (Medical Attendance) Rules, 1944 as amended from time to time, shall apply.

**a) Referral by authorised medical attendant to other hospitals**

If the authorised medical attendant at AIIMS Rajkot is of the opinion that the case of a patient requires medical attendance/treatment in some other hospital, either due to non-availability of particular facility at the institute or due to serious or special nature of illness, he may with the approval of the Medical Superintendent (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient) refer the patient to the nearest government/CGHS empanelled private hospital where the particular facility is available for consultation/further management.

**b) Travelling allowance**

Where a patient is referred to other hospital, he shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the referred hospital.

**c) Purchase of prescribed medicine**

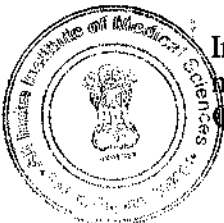
If an employee attends a government hospital/CGHS empanelled private hospital as an outdoor patient after being referred by the AMA and gets the prescription for medicines, same will preferably be purchased from authorized pharmacy at AIIMS Rajkot (if available at authorized pharmacy) except in ease of emergency. In emergency employee may get the medicines from the market. Further if medicines are not available in authorized pharmacy the purchase from market is admissible after obtaining 'Non-Availability Certificate' from authorized pharmacist.

**d) Investigations**

Test/investigation advised at referred hospital should preferably be done at AIIMS Rajkot, if available. In case it is not feasible or facility is not available at AIIMS Rajkot then the test/investigation can be availed at private hospitals laboratories/imaging centres empanelled under CGHS/CS(MA) miles. The reimbursement of expense incurred will be as per CGHS rates applicable to the nearest CGHS city or actuals whichever is lower.

**e) Treatment Procedures**

In case of elective planned medical treatment procedure, the EHS beneficiary can avail medical treatment at the referred hospital. They will be allowed reimbursement as per CGHS rates applicable to the nearest CGHS city or actuals whichever is lower.



f) **Prior permission for unlisted Investigations, treatment and Procedures**

EHS beneficiaries are required to seek prior permission of competent authority for undergoing Investigations/ treatment Procedure not listed in CGHS to claim reimbursement.

Ex-post facto sanction can be granted only in exceptional extremely deserving case i.e. in case of emergency or urgent test.

Documents required to be submitted for permission are:

- i) Request letter to give permission, from employee clearly mentioning the name of the unlisted Investigations/ treatment/Procedure and the name of the empanelled hospital where he intends to avail the facility.
- ii) Authorised Medical attendant/ Government specialist advise clearly mentioning said investigations/treatment/procedure. Vague advice like advised surgery without mentioning the actual procedure is not acceptable.
- iii) One estimate from empanelled hospital where patient intends to take treatment.
- iv) Other relevant medical documents in support of beneficiary illness.

**11. Special situations when referral by Authorised medical attendant is not required.**

A beneficiary while out of station with official intimation, in the event of illness/trauma, can avail medical facility including specialist consultation, test/investigations, indoor medical care and treatment procedures in the outstation city in any government/private CGHS empanelled hospital without referral from AMA. Reimbursement in such cases would be made as per CGHS rates or actuals whichever is lower.

**12. Treatment in Emergency**

In emergent conditions beneficiary can go to any of the government/private empanelled hospital near to residence or place of illness directly without being formally referred by AMA. Treatment in private hospitals not empanelled under the scheme near the place of illness /trauma in medically emergent conditions will also be admissible, subject to ceiling CGHS rates applicable as per entitlement, when treatment is necessitated in such hospitals being situated near the place of illness/ trauma and when no other empanelled/government facility is available nearby or due to circumstances beyond control of the beneficiary.

The genuineness of the emergent condition shall be evaluated on case-to-case basis. Merely getting admitted through emergency, without any justifiable emergent condition, shall not make beneficiary entitled for the benefit.

**13. Medical Reimbursement claim (MRC)**

**a) Application for Medical Claims**

Employee to submit application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment in Medical 97 form (Attached as Appendix C). Separate form should be used for each patient.

It is mandatory to attach self-attested copies of employee ID-card and FOC card of patient with claim reimbursement form.

All invoice bills should be self-certified and duly supported by prescriptions, non-availability certificate, cash memos, essentiality certificate and other relevant documents.

Copy of referral to be attached if medical attendance/treatment is availed in hospital other than AIIMS Rajkot

Copy of discharge summary should always be attached in case of IPD treatment All the supporting documents should be signed (with official stamp) by the Authorized Medical attendant of the case.



**b) Essentiality certificate**

Essentiality certificate duly filled is to be submitted along with Medical 97 form.  
Certificate A- in the case of patients who are not admitted to hospital for treatment.  
Certificate B- in the case of patients who are admitted to Hospital for treatment.

**c) Checklist for MRC**

Checklist for documents to be submitted with MRC form for reimbursement of medical claim is as per Appendix 'D'.

**d) Medical Reimbursement Claim in case original papers have been lost**

Employee is required to submit following documents in case original papers have been lost- (a) Photocopies of claim papers

(b) Affidavit on stamp paper- Draft for Affidavit is attached as Appendix "E"

**e) Medical Reimbursement Claim in case of death of beneficiary.**

Following documents are required to be submitted for claiming refund of medical expenses. (a) Affidavit on Stamp Paper for claiming medical reimbursement as per Appendix 'F'

(b) No objection certificate from legal heirs of the beneficiaries as per Appendix 'G'

(c) Death Certificate

**f) Time-limit for submission of Medical Reimbursement claim (MRC)**

Submission of claim for reimbursement of medical expenses of employees in respect of a particular spell of illness should ordinarily be preferred within six months from the date of completion of treatment.

Condonation of the delay in submission of medical bills shall be considered by the Competent authority on the merit of each case.

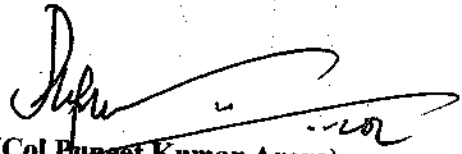
14. Where any doubt arises as to the interpretation of these rules, provisions of the Central Services (Medical Attendance) Rules 1944 and Central Government Health Scheme, as amended from time to time, shall apply and decision of Executive Director & CEO shall be final.

This issues with the approval of competent authority.



Copy to:

1. Executive Director, AIIMS, Rajkot.
2. All Heads of Department, AIIMS, Rajkot.
3. DDO, AIIMS, Rajkot.
4. Deputy Medical Superintendent I & II, AIIMS, Rajkot.
5. Administrative Officer, AIIMS, Rajkot.
6. Consultant (Finance), AIIMS, Rajkot.
7. In-charge IT Cell for uploading the same on AIIMS, Website and circulation to all regular staff members through webmail.

  
(Col. Puneet Kumar Arora)  
Deputy Director (Admin.)

कर्नल पुनीत कुमार अरोरा,  
Col. Puneet Kumar Arora,  
उप निदेशक (प्रसा.)/Dy. Director (Admin.),  
एम्स राजकोट - ३६० ००१, गुजरात.  
AIIMS Rajkot - 360 001. Gujarat.

Temporary Campus, Opposite PMSSY block, PDU Medical College, Civil Hospital, Rajkot, Gujarat  
360001; Permanent Campus: Village Khandheri, Tehsil- Paddhari, District Rajkot 360110

[cda.aiimsrajkot@gmail.com](mailto:cda.aiimsrajkot@gmail.com)



**APPLICATION FOR EMPLOYEE HEALTH SCHEME**

Please tick ( ) which is applicable and strike out of (X) whichever not applicable.

1. Name of the applicant: .....

2. Category: Please tick (v) whichever is appropriate

a. Service Employee: Regular  /Adhoc  /Temporary status  /on deputation

b. Resident: Senior Resident

3. Designation: .....Name of Department.....

4. Basic pay: .....Blood Group.....

5. Office Address: .....

6. Residential Address: .....

7. Permanent Address: .....

8. Mobile Number: ..... Emergency Contact No.....

9. E-mail Address: ..... Date of Birth.....

10. Date of Joining

D / D M / M Y / Y / Y / Y

Date of superannuation(in case of serving AIIMS Employee)

D / D M / M Y / Y / Y / Y

Date of completion of tenure(in case of residents)

D / D M / M Y / Y / Y / Y

11. Details of dependent: (including self)

(\* Please see definition at [page-4] of family before filling up this Column)

Sr. No.	Name of family member & dependent	Relations hip with Employee	Date of Birth	Gen der	Blood Group	Marital Status	Mobile No.	Email id	(Validity to be filled by Concerned Establishment Section)
1									
2									
3									
4									
5									
6									
7									





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अखिल भारतीय आयुर्विज्ञान संस्था राजकोट, गुजरात  
All India Institute of Medical Sciences, Rajkot, Gujarat



Appendix 'C'

FORM OF APPLICATION FOR MEDICAL CLAIMS  
(चिकित्सा दावों के लिए आवेदन पत्र)

To  
(सेवा में),  
The Account Officer (Reimbursement)  
लेखा अधिकारी (प्रतिपूर्ति),  
Account Section  
(लेखा विभाग)  
All India Institute of Medical Sciences, Rajkot  
अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट

Kindly arrange to reimburse medical bills of ₹..... which was prescribed by  
the..... The amount may be credited to my bank account.  
कृपया..... के द्वारा नियत राशि ₹..... के चिकित्सा बिल प्रतिपूर्ति करने की  
व्यवस्था करें। (राशि मेरे बैंक खाते में क्रेडिट की जा सकती है।)

Full Name of Employee (In capital letters) (कर्मचारी का पूरा नाम)	
Employee Code (कर्मचारी कोड) (Copy of ID Card attached on page no)	
Status (स्थिति)	(Govt. servant / Pensioner / Other) (सरकारी कर्मचारी / सेवानिवृत्त / अन्य)
Designation (पद)	
Date of Joining (नियुक्त दिनांक)	
Department (विभाग)	
Contact no. (संपर्क नं)	
FOC card of patient (मरीज़ का FOC Card) (Copy attached on page no...)	
Essentiality Certificate (अनिवार्यता प्रमाण पत्र) (Whichever this applicable tick that one or both) (जो भी लागू हो उस पर या दोनों पर निशान लगाये)	Certificate A / Certificate B (प्रमाण-पत्र A / प्रमाण-पत्र B)
Copy of referral by Govt. specialist (सरकारी विशेष द्वारा रेफरल की प्रति) (Applicable in case of treatment taken outside AIIMS) (एम्स के बाहर उपचार के मामले में लागू)	YES / NO (हाँ / नहीं) (Page No....)
Copy of Discharge Summary (डिस्चार्ज समरी की प्रति) (Applicable only for IPD Patient) (केवल आइपीडी रोगी के लिए लागू)	YES / NO (हाँ / नहीं) (Page No....)

NOTE (ध्यान दें):-

1. Copies of Employee ID-card and FOC card of patient is mandatory to attach along with claim reimbursement form. ( दावा प्रतिपूर्ति आवेदन के साथ कर्मचारी आईडी-कार्ड और मरीज़ के FOC कार्ड की प्रतिया संलग्न करना अनिवार्य है। )

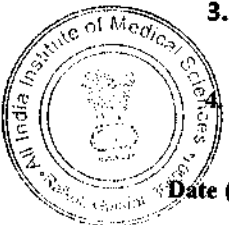
2. Please mark page number on each page and all Invoice bills should be self-certified  
(कृपया प्रत्येक पृष्ठ पर पृष्ठ-संख्या अंकित करें और सभी चालान बिल स्व-प्रमाणित करें।)

3. Time limit for submission of claim (दावा प्रस्तुत करने की समय-सीमा:  
a. Within six months from the date of completion of treatment.

Medical Reimbursement claim form should be printed on both side.

Date (दिनांक): .....

Signature of AIIMS Employee  
(एम्स कर्मचारी के हस्ताक्षर)







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अखिल भारतीय आयुर्विज्ञान संस्था राजकोट, गुजरात  
All India Institute of Medical Sciences, Rajkot, Gujarat



FORM OF APPLICATION FOR MEDICAL CLAIMS  
(चिकित्सा दावों के लिए आवेदन पत्र)  
MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment for Central Government servants and their families – for medical attendance taken both from the Authorized Medical Attendant and a Hospital.

1.	Name and Designation of Government servant (in block letters) (सरकारी कर्मचारी का नाम तथा पदनाम)	:	
	i) Whether married or unmarried (विवाहित या अविवाहित)	:	
	ii) If married, the place where wife / husband is Employed (यदि विवाहित, स्थान जहाँ पति / पत्नी कार्यरत है)	:	
2.	Office in which employed (कार्यालय जहाँ कार्यरत है)	:	
3.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately (वेतन स्तर)	:	
4.	Place of Duty (कार्य का स्थान)	:	
5.	Actual residential address (वास्तविक निवास पता)	:	
6.	Name of the patient and his / her relationship to the Government servant N.B.- In the case of children state age also	:	
7.	Place at which the patient fell ill (स्थान जहाँ मरीज बीमार हुआ)	:	
8.	Details of amount claimed (दावा की गई राशि का विवरण)	:	
<b>I. Medical Attendance -</b>			
i) Fees for consultation indicating -			
a)	The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.	:	
b)	The number and dates of consultation and fee paid for each consultation	:	
c)	The number and dates of injection and the fee paid for each injection	:	
d)	Whether consultations and / or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.	:	
ii) Charges for Pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating -			
a)	The name of the hospital and laboratory where undertaken; and	:	
b)	Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.	:	
iii)	Cost of the medicines purchased from the market (Cash memos and in the essentiality certificate should be attached).	:	
<b>II. Hospital Treatment.</b>			
Name of the hospital.			
Charges for hospital treatment, indicating separately the charges for -			
i)	Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is hire then the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)	:	
ii)	Diet	:	
iii)	Surgical operation or medical treatment or confinement.	:	
iv)	Pathological bacteriological, radiological or other similar tests indicating -	:	
a)	The name of the hospital or laboratory at which undertaken, and	:	
b)	Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.	:	
v)	Medicines.	:	
vi)	Special medicines (Cash memos and the essentiality certificates should be attached)	:	



**Draft for "NO OBJECTION CERTIFICATE" on Stamp Paper.**

We.

- (i) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_
- (ii) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_
- (iii) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_
- (iv) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_
- (v) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_
- (vi) \_\_\_\_\_ son/daughter of Late \_\_\_\_\_

being the legal heirs of Late Shri / Smt. \_\_\_\_\_ have no objection If the entire amount reimbursable pertaining to the treatment of late Shri / Smt. \_\_\_\_\_ is paid to Shri/Smt. \_\_\_\_\_

(i) Signature  
Name:  
Address.

(ii) Signature  
Name:  
Address.

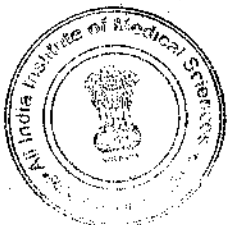
(iii) Signature  
Name:  
Address.

(iv) Signature  
Name:  
Address.

(v) Signature  
Name:  
Address.

(vi) Signature  
Name:  
Address.

Verified by Notary Public.

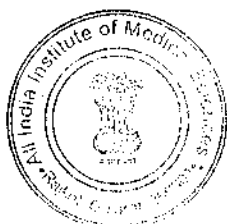


**Draft for Affidavit for Duplicate Claim Papers /Bills on Stamp Paper**

I, \_\_\_\_\_ son / wife / daughter of \_\_\_\_\_ and  
Resident of \_\_\_\_\_ have lost / misplaced the original  
Paper or the same are not traceable. I hereby given an undertaking that I have not received any  
payment against the original bills / claim papers from any source and that if the original papers  
are traced, I shall not shake claim against original bills in future and that in the event, I receive  
any cheque against the original bills in future, I shall return the same to Competent Authority.

Deponent

Verified by Notary Public.



**Draft for Affidavit on Stamp Paper for claiming medical reimbursement**  
**IN CASE OF DEATH of a EHS beneficiary**

I, \_\_\_\_\_ husband / wife / son / daughter of late  
\_\_\_\_\_ and resident of  
\_\_\_\_\_

hereby submit the medical reimbursement claim papers pertaining to treatment of my husband  
/ wife / mother Late Shri / Smt. \_\_\_\_\_ who has expired  
on \_\_\_\_\_ (copy of Death Certificate is enclosed).

Late Shri / Smt. \_\_\_\_\_ has left behind the  
following other legal heirs, none of whom have any objection if the entire reimbursable amount  
is paid to me.

No Objection Certificate signed by other legal heirs on Stamp Paper is enclosed.

Deponent

Attested by Notary Public.



vii) Ordinary nursing	:	
viii) Special nursing, i.e., nurse, specially engaged for the patient. State whether they	:	
Are employed on the advice of the medical officer in charge of the case at the hospital		
Or at the request of the Govt. Servant or patient. In the former case a certificate from		
The medical officer in charge of the case and countersigned by the Medical		
Superintendent of the hospital should be attached.		
ix) Ambulance charge (State the journey – to and from-undertaken)	:	:
NOTE 1.- If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particular of such treatment and attached a certificate from the authorized medical attendant as required by these rules.		
NOTE 2.- If the treatment was received at a hospital other than a Govt. hospital, necessary details and the		
Certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.		
iii. Consultation with Specialist – Fees paid to a specialist or a Medical Officer other		
than the authorized medical attendant, indicating		
a) The name and designation of the Specialist or Medical Officer consulted and the		
hospital to which attached.	:	
b) Number and dates of consultations and the fees charged for each consultation.		
c) wherever consultation was had at the hospital, at the consulting room of the	:	
Specialist or Medical Officer, or at the residence of the patient, and		
d) Whether the Specialist or Medical Officer was consulted on the advice of the		
authorized medical attendant and the prior approval of the Chief Administrative	:	
Medical Officer of the State was obtained. If so, a certificate to that effect should be		
Attached	:	
11. Total amount claimed (कुल दावा की गई राशि) :	:	
12. Less advance taken on		
13. List of enclosure (संलग्नक की सूची) :		

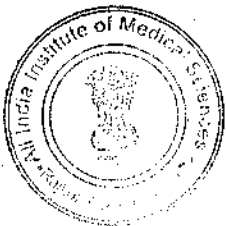
**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVENT**  
(सरकारी कर्मचारी द्वारा हस्ताक्षर की जाने वाली घोषणा)

I hereby declare that the statement in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

(मैं एतरा घोषणा करता / करती हूँ की आवेदन पत्र में दिया गया विवरण मरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सत्य है और जिस व्यक्ति के लिए चिकित्सा व्यय किया गया है वह पूर्ण रूप से मुझ पर निरभर है)

Dated (दिनांक).....

Signature of the Employee  
(कर्मचारी के हस्ताक्षर)



**ESSENTIALITY CERTIFICATE**

**(अनिवार्यता प्रमाण-पत्र)**

**CERTIFICATE 'A'**

**(To be completed in the case of patients who are not admitted to hospital for treatment)**

Certificate granted to Dr/Mrs./Mr./Miss.....Wife/Son/Daughter of  
MR/MRS/MISS.....Employed in the.....  
I, Dr.....hereby certify:-

(a) that I charged and received Rs..... for .....consultations on (dates to be given) at my consulting room at the residence of the patient;

(b) that I charged and received Rs.....for administering .....intravenous/ intra-muscular/ subcutaneous injections on.....(dates to be given) at..... my consulting Room/the residence of the patient;

(c) that the injections administered were not/were for immunising or prophylactic purposes;

(d) that the patient has been under treatment at .....hospital/ my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

**Name of Medicines**

**Price**

1.....	.....
2.....	.....
3.....	.....
4.....	.....

(e) that the patient is/was suffering from..... and is/was under my treatment from.....to.....;

(f) that the patient is/was not given pre-natal or post-natal treatment;

(g) that the X-ray laboratory test, etc., for which an expenditure of Rs..... was incurred was necessary and were undertaken on my advice at .....(name of the hospital or laboratory);

(h) that I referred the patient to Dr. .... for SPECIALIST consultation and that the necessary approval of the.....(Name of the Chief Administrative Officer of the State) as required under the rules was obtained;

(i) that the patient did not require/required hospitalisation.

Date:.....

Signature of AMA/Designation of the Medical officer and hospital/ dispensary to which attached.



N.B.:—certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

# ESSENTIALITY CERTIFICATE

(अनिवार्यता प्रमाण-पत्र)

## CERTIFICATE 'B'

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss.....wife/son/daughter of Mr./Mrs./Miss  
.....employed.....

### PART-A

1. Dr.....hereby certify :-

(a) that the patient was admitted to hospital on the advice of .....(name of the medical officer)/on my advice:

(b) that the patient has been under treatment at .....and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

Name of Medicines	Price
1.....	.....
2.....	.....
3.....	.....
4.....	.....
5.....	.....

(c) that the injections administered were/were not for immunising of prophylactic purposes;

(d) that the patient is/was suffering from ..... and is/was under treatment from..... to .....

(e) that the X-ray, laboratory test etc. for which an expenditure of ₹..... was incurred were necessary and were undertaken on my advice (name of hospital or laboratory);

(f) that I called on Dr.....for specialist consultation and that the necessary approval of the.....(name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the Medical  
Officer-in-charge of the case at the hospital.

### PART B

Certify that the patient has been under treatment at the.....hospital and that the service of the special nurses for which an expenditure of ₹.....was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-  
charge of the case at the hospital.

### COUNTERSIGNED

\*I certify that the patient has been under treatment at the..... Hospital and that the facilities provide were the minimum which were essential for the patient's treatment.

Medical Superintendent Place  
.....Hospital

NOTE: CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.



**CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. Full Name of AIIMS Employee  
(Block Letter)

2. Status ...  
(Govt. servant/Pensioner/Other)

3. The following documents are sub-mitted (Please tick the relevant column)

(a) Medical 97 Form : Yes/No

(b) Photocopy of Identity card : Yes/No

(c) No of Original Bills : .....

(d) Copy of Discharge Summary : Yes/No

(e) Copy of referral by specialist : Yes/No

(f) whether the hospital has given break-up for lab investigation : Yes/No

(g) Original papers have been lost the following documents are submitted: -

i. Photocopies of claim papers : Yes/No

ii. Affidavit on stamp paper : Yes/No

(h) In case of death of Employee the Following documents are submitted:

i. Affidavit on stamp paper by Claimant : Yes/No

ii. No Objection from other legal heirs on stamp papers : Yes/No

iii. Copy of death certificate : Yes/No



Dated: .....

Signature of AIIMS Employee



## INSTRUCTIONS

### Definition of Family:

- (1) Husband/Wife\* (\*First wife only)
- (2) Dependant Parents/Step Mother (in case of adoption, only adoptive & not real parents)
- (3) If adoptive father has more than one wife, the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents-in law, option exercise can be changed only once during service.
- (5) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years or get married, whichever is earlier
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
(iii)	Son suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
(iv)	Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband widowed sisters.	Irrespective of age-limit
(v)	Minor brother(s)	Up to the age of becoming a major

For the purpose of availing EHS. facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

**'Disability'** will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

"(1) "DISABILITY MEANS

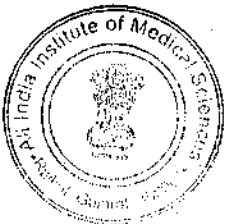
- (I) BLINDNESS
- (II) LOW VISION
- (III) LEPROCY CURED
- (IV) HEARING IMPAIRMENT
- (V) LOCOMOTOTR DISABILITY
- (VI) MENTAL RETARDATION
- (VII) MENTAL ILLNESS"

### Dependency:

**Members of family (other than spouse) whose income is less than Rs.9000/- + DR per month are treated as dependents and are normally residing with E.H.S. beneficiary.**

**The Following Documents are to be enclosed:**

- (I) **Proof of Residence/Stay of dependents-**(copy of Ration Card/Aadhar card/Election Card/ Passport/Identity Card issued by college/ School/ University/ Bank pass book etc...
- (II) **Proof of age of son**
- (III) **Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)**



**Non-Availability Certificate**

This is to certify that following medicine(s) prescribed by Dr. \_\_\_\_\_

Of \_\_\_\_\_ is/are not available at our Pharmacy, AIIMS Rajkot on  
\_\_\_\_\_ (Date).

1.....

2.....

3.....

4.....

Date

(Signature with seal of Pharmacist  
of Authorized Pharmacy)



14. Are all the persons whose names are given above are dependent upon you? Yes  No
- (I) Please attach proof of their relationship with you, like copy of Ration Card/Aadhar card/Election Card/ Passport/ Identity Card issued by college/ School/ University/Bank pass book etc.
  - (II) Please attach proof of dependency in respect of age of son(s) & daughter(s) with reference to dependency criteria attached herewith at page 4.

15 Paste one Photograph of each member of dependent Family members including self.

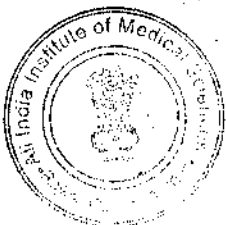
Name:.....	Name:.....	Name:.....	Name:.....
Sign:	Sign:	Sign:	Sign:
Name:.....	Name:.....	Name:.....	Name:.....
Sign:	Sign:	Sign:	Sign:

- 1) I certify that my family members as above are wholly dependent on me.
- 2) I undertake to intimate immediately if there is any change in dependency criteria of my family members including in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by the AIIMS and/or appropriate authority will be free to initiate any action against me.
- 3) I undertake to surrender the F.O.C. card(s) on my leaving the AIIMS Rajkot on completion of tenure/ retirement/termination/ resignation or on ceasing to be eligible of EHS benefits.
- 4) I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

(Forwarded by Head of Dept./Section)

(Signature of applicant)

Contd.....



**DECLARATION**

- 1) I hereby declare that my father /mother/ father-in-law/ mother-in-law namely.....  
.....  
is/are wholly dependent upon me and that he/she/ they normally reside with me at Rajkot.
- 2) I also certify that my father namely .....and mother namely  
.....are dependent on me and their income from all sources including  
Pension/Family pension and Pension equivalent of DCRG does not exceed Rs. 9000+DR  
per month plus the amount of Dearness Relief there on.
- 3) I certify that my son..... age .....years is unmarried/  
unemployed and wholly dependent on me.
- 4) I certify that my daughter..... age .....years is unmarried/  
unemployed and wholly dependent on me.
- 5) I undertake to surrender the E.H.S. FOC Card on my leaving the Institute on completion of  
tenure/ retirement/ termination of service, resignation etc.

Signature of the employee.

**(TO BE VERIFIED BY THE CONCERNED ESTABLISHMENT SECTION)**

- 1. The information furnished by the applicant has been verified from his service records and  
found to be correct It is recommended that a E.HS No. ....to be issued to  
Mr/Ms./Dr.....  
Designation..... who is working in Department/Section.....
- 2. Finance division AIIMS Rajkot has been intimated about required deduction towards of the  
E.H.S. subscription every month from the salary of the applicant.
- 3. It is requested to consider for the issue of New E.H.S. photo Cards and E.H.S. Books to the  
beneficiary/ beneficiaries as per E.H.S. token card.

Signature

(To be filled by the E.H.S. Cell)

E.H.S. No. \_\_\_\_\_ has been allotted to the applicant by the E.H.S. Cell.



Signature with Seal  
Contd.....