



**PENSIONER**

**National University of Educational Planning and Administration**  
17-B, Sri Aurobindo Marg, New Delhi-110016

**APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES**

(N.B: Separate Form should be used for each patient)

1. Name, Designation and Basic Pay  
(IN BLOCK LETTERS) \_\_\_\_\_
2. Whether married or unmarried \_\_\_\_\_
3. If married, the place where  
wife/husband is employed \_\_\_\_\_
4. Residential Address \_\_\_\_\_
5. Name of the Dependent Patient \_\_\_\_\_
6. Place at which the Patient fell ill \_\_\_\_\_
7. Nature of illness and duration \_\_\_\_\_
8. Name of the Registered Medical  
Practitioner consulted \_\_\_\_\_

**Details of the Amount Claimed** \_\_\_\_\_

- i) Consultations \_\_\_\_\_
- ii) Injections \_\_\_\_\_
- iii) Laboratory Test \_\_\_\_\_
- iv) Medicine \_\_\_\_\_
9. List of Enclosures \_\_\_\_\_

**Declaration to be signed by the NUEPA Employee**

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

Signature of the NUEPA Employee

Date:

Passed for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

(Finance Officer)

## Essential Certificate

I certify that Shri/Smt./Km. ....  
husband/wife/son/daughter/mother of Shri/Smt./Kumari .....  
Employed in the National University of Educational Planning and Administration, New Delhi has  
been under my treatment for ..... at my dispensary/consulting room during  
the period from ..... to ..... and that the under mentioned medicines  
prescribed were essential for recovery/prevention of serious deterioration in the condition of the  
patient. These medicines do not include proprietor preparations for which cheaper substances of  
equal therapeutic value are available, nor preparations which are primarily food, tablets or  
disinfectants.

**Name of the medicine**

**Quantity**

**Cost**

Signature of the doctor and his/her medical  
qualifications

Registration No. ....

Medical Council with which Registered .....

Date: .....