

Accounts  
24/8/22

*[Handwritten signature]*

No. F.1(1)/FIN(B)/2022-23/L-1/23933-24063  
GOVERNMENT OF TRIPURA  
FINANCE DEPARTMENT  
(BUDGET BRANCH)

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Dated, Agartala, the 20<sup>th</sup> August, 2022.

MEMORANDUM

The existing Form for Medical Reimbursement Claim is little cumbersome. The Format adopted by Central Government is comparatively simple. The matter has been examined in the Finance Department and it has been decided to adopt the same for the purpose of Medical Reimbursement Claim for employees under State Government. A copy of the Form is enclosed herewith for ready reference.

All the Administrative Departments are requested to follow the Form for the purpose of Medical Reimbursement Claim. This will come into force with immediate effect.

This is issued with approval of the competent authority communicated vide U.O. No. 1087/Dy.CM/FIN/2022-23 dated 13.08.2022.

Encl: Form for Medical  
Reimbursement Claim.

*[Handwritten signature]*  
(A. Sarkar)

Additional Secretary  
Finance Department  
Government of Tripura.

To,

1. All Principal Secretaries/ Secretaries/ Special Secretaries.
2. The PCCF.
3. The DGP.
4. All Heads of Departments.
5. The AG (A&E)/ AG (Audit), Tripura, Agartala.
6. All Treasury/ Sub-Treasury Officers.

Copy to:

1. PS/PA to the Hon'ble Deputy Chief Minister, Government of Tripura for kind information.
2. PS/PA to the Chief Secretary, Government of Tripura for kind information.

Copy also to:

1. The Manager, Tripura Government Press with a request to print sufficient copies of the Application Form, which may be procured by different administrative departments.

DHB  
DSE  
DSE  
Dir, K&SOML  
23/8/22

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GOVERNMENT OF TRIPURA  
DIRECTORATE OF SECONDARY EDUCATION  
(ACCOUNTS SECTION)  
SHIKSHA BHAWAN, AGARTALA, TRIPURA

No.F.7(2)-SE/ACCTS/2022/873

Dated, Agartala, the 29<sup>th</sup> August, 2022

Copy Forwarded to:

1. The District Education Officer, West/South/Gomati/Sepahijala/  
North/Dhalai/Unakoti/Khowai for further circulation to the Head of Offices &  
DDO's under their jurisdiction.
2. The Branch officer, Grant-In-Aid Section, DSE for information and circulation to  
the G.I.A Schools.
3. The Head of Office & DDO (Estt. HQ), DSE for information and necessary  
action.
4. The Web Administrator, DSE for uploading this Memorandum in the web-portal of  
this Directorate.

Yours faithfully,

  
(P.K Mallik)

**Officer on Special Duty,**

Branch Officer, Accounts Section  
Directorate of Secondary Education  
Tripura

Encl: -As Stated above.

## APPLICATION FOR MEDICAL REIMBURSEMENT CLAIM

1. Name and designation of Govt. Servant (In Block Letters) :
2. Whether married or unmarried, if married the place where wife/ husband is employed :
3. Office in which employed :
4. Pay and allowances of the Govt. Servant :
5. Place of duty :
6. Actual Residential Address :
7. Name of patient and his/ her relationship :
8. Place at which the patient feel ill :
9. Nature of illness & duration :
10. Name & designation of the Doctor :
11. Total amount claimed :
12. List of Enclosure(s) :

### Declaration to be signed by the Govt. Servant

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

Place:

Date:

Signature of the Govt. Servant  
Section to which attached.....

# ESSENTIALITY CERTIFICATE

## CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss \_\_\_\_\_  
wife/son/doughter of Mr. \_\_\_\_\_ employed  
in the \_\_\_\_\_

I, Dr. \_\_\_\_\_ hereby certify

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

(b) that I charged and received Rs. \_\_\_\_\_  
for administering \_\_\_\_\_ intra-venous/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 prohy lactic 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 deteriortion the condition of the patient.

The medicines are not stocked in the \_\_\_\_\_  
(name of 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 foods, toilets ro disinfectants.

<u>Name of medicines</u>	<u>prices</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____