



केन्द्रीय संस्कृत विश्वविद्यालय

संसद के अधिनियम द्वारा स्थापित

भोपाल परिसर, संस्कृत मार्ग बागसेवनिया, भोपाल मध्य प्रदेश - 462043

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सं. F.4 (420)/CSU/BC/Admin/Misc.-Medical Cell/2026

दिनांक: - 01.04.2026

सूचना-2026/ 02

विषय: विश्वविद्यालय की नई चिकित्सा योजना के अंतर्गत प्रतिपूर्ति हेतु नए प्रपत्रों में दावा प्रस्तुत करने के संबंध में।

परिसर के समस्त नियमित शैक्षणिक एवं गैर-शैक्षणिक अधिकारियों एवं कर्मचारियों को सूचित किया जाता है कि केन्द्रीय संस्कृत विश्वविद्यालय, मुख्यालय द्वारा अनुमोदित नई चिकित्सा योजना के अंतर्गत OPD एवं IPD उपचार पर हुए व्यय की प्रतिपूर्ति हेतु अब नए निर्धारित प्रपत्रों में चिकित्सा दावा प्रस्तुत करना अनिवार्य किया गया है। अतः सभी नियमित शैक्षणिक एवं गैर-शैक्षणिक कर्मचारी अपने चिकित्सा बिलों की प्रतिपूर्ति के लिए दावा प्रस्तुत करते समय केवल विश्वविद्यालय द्वारा अनुमोदित निम्नलिखित प्रपत्रों का ही उपयोग करें:-

1. Reimbursement Claim Form (Form-5)
2. Certificate-A (Form-6) [for OPD]
3. Certificate-B (Form-7) [for IPD]

उक्त नए प्रपत्र परिसर की आधिकारिक वेबसाइट से डाउनलोड किए जा सकते हैं अथवा कार्यालय से प्राप्त किए जा सकते हैं।

(प्रो. हंसधर झा)
(निदेशक)

प्रतिलिपि:-

1. समस्त शैक्षणिक एवं गैर-शैक्षणिक कर्मचारी, भोपाल परिसर
2. लेखा विभाग, भोपाल परिसर

(निदेशक)



CENTRAL SANSKRIT UNIVERSITY
(Established by an Act of Parliament)
New Delhi-110058



(University Ordinance No. 6)
Medical Reimbursement Claim Form

Form-5

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for In-Service Employees & Retired Persons and their dependents - for medical attendance/treatment taken from the Authorized Medical Attendant or In-Patient/ Hospitalization at recognized Hospital.

1.	Name and designation of Government servant/ Retired Person (in block letters)	
	i) Whether married or unmarried: ii) If married, the place where wife/husband is Employed	
2.	Place of Posting/ Last Place of Posting (in case of Retired Personnel)	
3.	Medical Identity Card No.	
4.	• Pay Level & Basic Pay of the Employee (In case of retired person, last pay drawn and pay level should be mentioned)	
	• Ward Entitlement of the Beneficiary (General/ Semi-Private/ Private)	
5.	Name of the patient and his/her relationship to the Govt. servant/ Retired Person. Note - In the case of children, state age also.	
6.	• Place at which the patient fell ill	
	• Name and Address of the AMA/ Hospital	
7. Details of the amount claimed: I. Medical Attendance (In case OPD treatment taken from AMA or directly at empanelled hospital)		
i) Fees for consultation indicating -		
a)	The name and designation of the MO (Medical Officer) consulted and the hospital or dispensary to which attached	
b)	The number and dates of consultation and the 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 or at the consulting room of the MO 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 or laboratory where undertaken; and	
b)	Whether the tests were undertaken on the advice of the authorized medical attendant. Also provide the charges for pathological/bacteriological/radiological test.	
iii) Cost of medicines purchased (Cash memos and the essentiality certificate should be attached).		
II. IPD Treatment/Hospitalization under emergency: - Name of the hospital where the IPD treatment is taken. Also, state whether the hospital is Government Hospital or University Empanelled hospital or as empanelled under CGHS/ CS (MA) Rules		
i)	Accommodation Charges	
ii)	Diet Charges	
iii)	Surgical operation or medical treatment or confinement charges.	
iv)	Pathological, bacteriological, radiological or other similar tests charges indicating-	
	a) The name of the hospital or laboratory at which undertaken, and b) Whether undertaken on the advice of the MO in charge of the case at the Hospital	
v)	Medicines	
vi)	Special medicines (Original Cash memos and the essentiality certificates should be attached)	
vii)	Ordinary nursing	
viii)	Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the MO in charge of the case at the Hospital or at the request of the Govt. Servant/Retired Person or patient. In the former case, a certificate from the MO in charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.	
ix)	Ambulance charges (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 particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.		
NOTE 2. - If the treatment was received in emergency at a hospital other than a Govt./Recognized/University's Empanelled hospital, a certificate to the effect of emergency will have to be obtained from the Medical Officer of concerned Hospital such immediately thereafter and in any case during the course of such treatment.		

Continued from page-1

III. Consultation with Specialist/Prolonged Treatment - Fees paid to specialist or a MO other than the authorized medical attendant, indicating: -	
a)	The name and designation of the Specialist or MO consulted and the hospital to which attached
b)	Number and dates of consultations and the fees charged for each consultation.
c)	Whenever consultation was had at the hospital, at the consulting room of the Specialist or MO, or at the residence of the patient, and
d)	Whether the Specialist or MO was consulted directly from the very beginning or on the advice of the authorized medical attendant.
e)	Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis. Whether the tests were undertaken on the advice of the Specialist or MO
f)	Cost of medicines purchased (Cash memos and the essentiality certificate should be attached).
8.	Total amount claimed
9.	Less advance taken on

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the above information is true and accurate to the best of my knowledge. I confirm that I am a registered medical beneficiary of Central Sanskrit University, New Delhi. The Medical Card was valid at the time the treatment was availed, and the person for whom the medical expenses are being claimed is fully dependent on me. I understand that the reimbursement will be processed as per prevailing rules, and I undertake to refund any excess amount received, if applicable.

Date:

(Signature of the Claimant)

Place:

Name of the Claimant:

Mobile No.

Email-ID

Enclosures: -

- Total Number of Enclosures: _____ (Self-attested and sequentially numbered)
- Photocopy of Medical Identity Card of the beneficiary (is attached at page No. _____)
- Original Prescriptions, discharge summary (copy or original), copy of investigation/radiological reports.
- Emergency Certificate (if treatment was availed in an emergency situation at a non-empanelled hospital)
- Bill, Cash Memos, Medicine Bills (in Original)
- Essentiality Certificate [Certificate-A or B, whichever is applicable]
- For treatment of Prolonged Illness/ Special disease, lab/ investigation reports along with a certificate from the treating physician certifying that the treatment falls under the prolonged treatment/ special disease category.

Strike out whichever is not applicable

Note: Misuse of Medical facility is a criminal offence. Suitable action including cancellation of medical identity card and medical facility shall be taken in case of wilful suppression of facts or submission of false statements/claims. Suitable disciplinary action shall be taken in case of serving employees.

.....**FOR OFFICIAL USE ONLY**.....

Total Amount Claimed.....

Amount Not Admissible

Amount Admissible/ Passed for Reimbursement.....

The Total Admissible/Passed amount of Rs..... (In Words.....) may be reimbursed to Shri/Smt./Dr./Prof.

(Dealing Assistant)

(Section Officer)

(Assistant Director)

(Deputy Director)

(Registrar/ Director of Campus)



CENTRAL SANSKRIT UNIVERSITY
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(University Ordinance No. 6)

Form-6

ESSENTIALITY CERTIFICATE - A

(To be completed in the case of patients WHO ARE NOT ADMITTED to hospital for treatment)

Certificate granted to Dr./Shri/Smt./Prof.
wife/son/daughter of Prof./Dr./Shri/Smt. Employee/ Retired Persons of
..... (Name of Campus/ Office)

I, Dr. hereby certify-

- (a) that I charged and received/- for consultation on/...../..... (dates to be given) at my consulting room/at the residence of the patient.
- (b) that I charged and received/- for administeringintra-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 immunizing or prophylactic purposes.
- (d) that the patient has been under treatment at hospital/my consulting room and that the under mentioned 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 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 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/- 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.
- (i) that the patient did not require/required hospitalization.

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

Dated:

N.B.- Certificates not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer/ Authorized Medical Attendant in all cases.



CENTRAL SANSKRIT UNIVESRITY, DELHI

(University Ordinance No. 6)

ESSENTIALITY CERTIFICATE - B

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

Certificate granted to Dr./Shri/Smt./Ku.
 wife/son/daughter of Prof./Dr./Shri/Smt. Employee/ Retired Person of
 (Name of Campus/ Office)

PART - A

I, 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 under mentioned 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 foods, toilets or disinfectants.

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

- (c) that the injections administered were/were not for immunizing of prophylactic purpose;
 (d) that the patient is/was suffering from and is/was under treatment from/...../..... to/...../.....
 (e) that the X-ray, laboratory tests, etc., for which an expenditure of/- was incurred were necessary and were undertaken on my advice at (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

I 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

Medical Superintendent of Hospital

*I Certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent of the Hospital

Place:

N.B.- Certificate(s) not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer in all cases.

* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.