GOVERNMENT O OFFICE OF THE PRINCIPAL COMMISSION AND AND ADDRESS OF THE PRINCIPAL COMMISSION ADDRESS OF THE PRINCIPAL COMMISSION AND ADDRESS OF THE PRINCIPAL COMMISS OF THE PRINCIPAL COMMISS

KOLKATA- NORTH COMMISSIONERA ST FLOOR: 180, SHANTIPALLY, RAJDANGA MAIN ROAD

C. No. V(30)126/RTI/HQ/CGST & CX/Kol-North/2019/

Dated: -

Shri Goutam Sarkar, Superintendent (Appeals), CGST & C.EX, Appeal-II Commissionerate, 169, A.J.C.Bose Road. Bamboo Villa, 3rd Floor. Kolkata-700014. Sir/Madam.

Sub: Information under the RTI Act, 2005 — Regarding.

Please refer to your RTI application dt. 22.07.2019 filed Shri Goutam Sarkar, Superintendent (Appeals), CGST & C.EX, Appeal-II Commissionerate, 169, A.J.C.Bose Road, Bamboo Villa, 3rd Floor, Kolkata-700014 received by this Commissionerate on 26.07.2019 which was transferred by the CPIO & Assistant Commissioner, CCO, Kolkata vide their letter under F.No. V(30)158 / Pr. CCO / CGST & CX / RTI / July-19/Kol/ 12911-12 dt. 26.07.2019. Subsequently the said RTI application was registered at this office vide Registration No. 114/RTI/KoI-North/19 dt. 30.07.2019.

The desired information received from the CAO, CGST & CX, Kolkata North Commissionerate on 25.07.2019 under C.No.III (20) 25 /Accts / RTI-CPGRAM /CGST / KN / 2017/ 13100 dt. 06.08.2019 is enclosed herein.

If you are aggrieved or dissatisfied with the above information, you may prefer an appeal within 30 (thirty) days of receipt of the information before the 1st Appellate Authority namely Sri Mohan Lal Sukhpal, Additional Commissioner, CGST & CX, Kolkata-North Commissionerate, O/o The Principal Commissioner of CGST & CE, Room No. 117, Kendriya Utpad Shulk Bhawan, 180, Shantipally, Rajdanga Main Road, Kolkata-700107.

Enclo-01 (one) Sheet.

Yours faithfully,

(Samiran Roy)

CPIO & Assistant Commissioner

CGST: Kol-North Comm'te

C. No. As above/ 13523 Copy forms Copy forwarded for information to: -

Dated: 9 AUG ZUIY

The Assist nat Commissioner (Systems), Computer Cell, CGST & CX, Kolkata North Commissionerate with a request to upload the RTI application submitted by Shri Goutam Sarkar dt. 22.07.2019 along with the desired information as mentioned above (enclosed three sheets).

2. The CPIO & Assistant Commissioner, CCO, O/o the Pr. Chief Commissioner CGST & CX, Kolkata Zone.

(Samiran Roy)

CPIO & Assistant Commissione

CGST: Kol-North Comm'te.

- 6 AUG 2019.

GOVERNMENT OF INDIA

OFFICE OF THE PRINCIPAL COMMISSIONER OF CGST & CX, KOLKATA NORTH COMMISSIONERATE 180, SHANTIPALLY, RAJDANGA MAIN ROAD, KOLKATA-700107

C.No. III(20)25/Accts/RTI-CPGRAM/CGST/KN/20

Dated:

The CPIO & Assistant Commissioner, HQ, RTI Cell,

CGST: Kol-North Commissionerate.

Sir,

RTI application dtd. 22.07.2019 filed by Shri Goutam Sarkar, Kolkata- 700014-reg Subject-

Please refer your office North/2019/12354 dated 30.07.2019 on the above mentioned subject. V(30)126/RTI/HQ/CGST&CX/Kol C.No.

In this connection it is intimated that as per available records, the Medical Claim bills mentioned in serial no. I(Annex-A) & 2(Annex-B) of the RTI application have not been received by this section. Also, Medical Claims bills mentioned in serial nos. 3 to 8 i.e. Annex 'C' to Annex 'H' were submitted in S.Tax, B.B.D. Bag-I Division and this division has not merged with Headquarters Kolkata North Comm'te.

Therefore information sought in Point No. 1 to 4 of the RTI application is not available with this section. The report may he treated as 'NIL'.

Yours faithfully,

(Aditya Das)

Chief Accounts Officer

CGST & CX, Kolkata North Comm'te

7





2 6 JUL **2019**

RTI Matter

ALLESS TATASTICS

GOVERNMENT OF INDIA प्रधान मुख्य आयुक्त का कार्यालय

OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER थेन्द्रीय वस्तु एवं सेवा कर , कोलकाता क्षेत्र

CENTRAL GOODS AND SERVICES TAX AND CENTRAL EXCISE, KO5LKATA ZONE केन्द्रीय वस्तु एवं सेना कर भवन, दूसरा तल, 180, शांतिपल्ली, आर. बी. कानेवटर, कोनकाना ~ 700 107

GST Bhawan (2nd Floor), 180 Shanti Paliy, R. B. Connector, Kolkata - 700 107

Phone No. 033-2441-6797/6842: Fax No. 033- 2441-6834/6798

F. No. V (30)15B/Pr. CCO/CGST&CX/RTI/July-19/Kol

15911-15

Date: 16.07.2019

To
The CPIO,
Office of the Commissioner,
CGST & CX, Kolkata South, Kolkata North Commissionerates.

Sub: <u>RTI Application dated 22.07.2019 filed by Shri Goutam Sarkar under Right to Information Act 2005 -reg.</u>

Please find enclosed herewith an RTI application dated 22.07.2019, which has been received by this office on 22.04.2019 and has subsequently been registered vide Regn. No.08/RTI/CGST &CX/CC/KOL/2019-20 dated 25.07.2019.

Since the information sought by the RTI applicant is in relation to the Medical Reimbursement Claim which were submitted to Central Excise, Kolkata-V and Service Tax, B.B.D Bag-I Division under this Zone, which presently falls under your Jurisdiction, the RTI application is being transferred to your office under section 6 (3) of the RTI Act, 2005 with request to provide the information directly to applicant.

Encl: As Above.

CPIO & Assitant Commissioner,
CCO, Kolkata Zone

5

To
The Central Public Information Officer,
C.G.S.T. & C.Ex.,
Office of the Principal Chief Commissioner, East Zone,
GST Bhawan,
180, Rajdanga Main Road,
Kolkata – 700 107.

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& Washing Comme

SUB: Providing Information relating to Medical Reimbursement Claim submitted by Sri Goutam Sarkar, Superintendent, C.G.S.T. & C.Ex., Appeal-II Commissionerate, Kolkata under Section 6 of Right to Information Act,2005.

During the period from 19.05,2015 to 19.05,2017, I have submitted 08 Nos. of Medical Reimbursement claim in different time for the treatment of my dependent Father Sri Biswanath Sarkar and Mother Smt. Durga Rani Sarkar before the jurisdictional Commissionerate/Division as and where I was posted. The said reimbursement claims have not yet been settled and paid till date. In the mean time I was transfered and worked at B.B.D. Bag-I Division of Service Tax — I Commissionerate (as Inspector), then Durgapur Audit Commissionerate and presently at Appeal-II Commissionerate, Kolkata (as Superintendent). After transfer from Kolkata-V Commissionerate, the Bills dated 19.05,2015 was forwarded to the Service Tax-I Commissionerate, Kolkata (as per Nnformation given by the then D.D.O., copy enclosed). The details of the Medical Reimbursement Claims are given below:

SI. No.	Submitted to	Submission	Treatment of	Treatment	for the period	Bill Amount	Copy of bill
·····		Date	Treatment of	From	То		enclosed in
1	A.C.A.O., C.Ex., Kol-V, subsequently transferred to A.C.A.O., S.Tax-I on 28.07.15 after my posting at S.Tax.	19-05-2015	Biswanath Sarkar	26-06-2014	08.03.2016	22.22	Annexure
	A.C.A.O., C.Ex., Kol-V,			20 00-2014	08-03-2015	22,293	Annex-'A'
ļ	subsequently transferred to			l	1		
	A.C.A.O., S.Tax-I on 28.07.15					,	
2	after my posting at 5.Tax	19-05-2015	Durga Rani Sarkar	26-05-2014	00.00.00.		
3	S.Tax, 6.B.D. Bag-I Division	02-02-2016	Biswanath Sarkar		08-03-2015	3,587	Annex- 'B'
4	5.Tax, B.B.O. Bag-I Division	23-05-2016		16-06-2015	21-12-2015	18,496	Annex~ 'C'
5	S.Tax, B.B.D. Bag-I Division	29-08-2016	Durga Rani Sarkar	22-12-2015	21-03-2016	3,709	Annex-'D'
6	S.Tax, B.B.D. Bag-i Division		Biswanath Sarkar	22-12-2015	27-06-2016	20,070	Annex- 'E'
7		29-11-2016	Durga Rani Sarkar	2 2 -D3-2016	26-09-2016	7,995	Annex- 'F'
8	5.Tax, B.B.D. Bag-I Division	19-05-2017	Biswanath Sarkar	28-06-2 0 16	27-03-2017	29,974	Annex 'G'
<u>• </u>	5.Tax, B.B.D. Bag-I Division	19-05-2017	Durga Rani 5arkar	2 7- 09-2016	07-D3-2017	9,460	Annex- 'H'
					TOTAL	1,15,5B4	- Timex (1

As the Service Tax Commissionerate presently have no existence, the following information in this regard sought for to your office :-

1. What is the latest position of the aforesaid claims?

- 2. Please provide the information under whose control (Name/Designation of the D.D.O.) the above claims are lying at present.
- 3. Why the same have not yet been considered for reimbursement till date?
- 4. Please provide the copy of Note Sheet of the concerned file for rejection of the same, OR copy of letter for forwarding the same to other Commissionerate/Office and copy of receipt of such forwarding, if any.

I am enclosing herewith the photocopy of the Receipt of above claims for your ready reference.

l'am enclosing herewith a Postal Order No. 00G 606591 dated 16.03.2019 amounting to Rs. @20/-, Rs. 10/- as requisite fees and Rs. 10/- for providing copy of documents.

Enclo.: 1. Photocopy of Receipt of 08 Claims.

2. Postal Order No. 00G 606591 dated 16.03.2019 amounting Rs. 20/- Yours faithfully,

= outem Sonuar 22/07/2019

(Goutam Sarkar)
Superintendent (Appeals)
C.G.S.T. & C.Ex.,
Appeal-II Commissionerate
169, A.J.C. Bose Road,
Bamboo Villa, 3rd Floor,
Kolkata – 700 014

To
THE ASSISTANT CHIEF ACCOUNTS OFFICER,
CENTRAL EXCISE,
KOLKATA-V COMMISSIONERATE,

Madam,

KOLKATA.

SUB: Submission of Medical Reimbursement Bill – Case of Sri Biswanath Sarkar, Father of Shri Goutam Sarkar, Inspector, C.Ex., Kolkata-V Comm'te.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my father Shri Biswanath Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

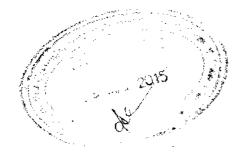
Enclo: As above (34 Sheets)

Yours faithfully,

Gordan Santan

(GOUTAM SARKAR)
INSPECTOR
HQ. TECHNICAL BRANCH
CENTRAL EXCISE

KOLKATA-V COMMISSIONERATE.



Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants as

	attenuance and / or treatment of Central Govern	ımı	ent Servants and their families
1.	Name and designation of the Government servant (in block letters)		
ŗ.	(i) Whether Married or Unmarried		: GOUTAM SARKAR, INSPECTOR
	ii) If married the place where wife/husband is employed		: Married
2.	Office is suit in		: Asst. Teacher, Fathepur Nagendranath
۷.	Office in which employed		Vidyalaya, Garden Reach, Kolkata : Central Excise, Kolkata-V
3.	Pay of the Government course		Commisionerate Excise, Kolkata-V
	Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	$\overline{\Box}$: Pay Rs. 18,890/- + Grade Pay Rs. 4800/-
4.	Place of duty		
5.	Actual residential address	:	Hq. Technical Branch, Kolkata-V
	<u> </u>	:	24/1, Danesh Sk. Lane, P.O. Danesh Sk.
6.	Name of the patient and his / her relationship to the Government		tarie, block ~ Z/2, Howrah ~ 711 109
		:	Sri Biswanath Sarkar, Father
- 8.	Place at which the patient fell ill Details of the amount claimed:	-;	Atresidence
٠.	because of the amount claimed :	_	
(I)	MEDICAL ATTENDANCE:		
i)	Fees for consultation indicating —		
(a	" " " " " " " " " " " " " " " " " " "		D 0.1
	dispensary to which attached	:	Dr. Sujoy Panchadhyaya,
	N.		M.B.B.S.(CAL)M.D.(MED)
			Govt. of West Bengal, Poly Clinic,
/h	**************************************		5, Suburban Hospital Road, Kolkata – 20
(b)	The number and dates of consultation and the fee paid for each consultation		02 Consultations - 2000
		•	02 Consultations on 26.06.14 & 30.10.14
(c)	The number and dates of late of		Fee Paid Rs. $100 + \text{Rs. } 50 = \text{Rs. } 150/-$
(d)	The works of infections different too haid for again the second	:	NIL
()	Whether consultation and/or injections were held at the hospital at the consulting room of the medical officer or at the residence of the patient	:	At Poly Clinic, 5, 5uburban Hospital Road,
(ii)	Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicate.		Kolkata - 700 020,
(a)	The name of the hospital or laboratory where the tests were used to		M. A No
(b)	THE COLUMN TESTS WERE UNMORTALISM AL	:	Not applicable
(c)		: ,	Not applicable
(-)	Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be attached)	:	Rs. 22,143/-
	attached) attached		-10. MAJATU/-
(11)	HOSPITAL TEATMENT:	_	
(")	Name of the Hospital		
		:	
i)	Charges for Hospital treatment indicating separately the charges for :		
,	(State whether it was according to the status as a	:	./
	effect that the accommodation to which he was entitled was not		
(ii)	Diet		
(iii)	Surgical operation or medical treatment of confinement		
(iv)	Pathological, bacteriological, radiological or other similar and in the similar and in th		

Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should be attached

Medicines

(v)

Pathological, bacteriological, radiological or other similar tests indicating

The name of the hospital or laboratory at which undertaken

Special Medicines

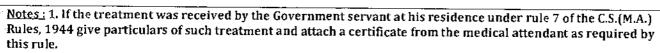
Ordinary nursing

Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer-incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

(ix) Ambulance charges (State the Journey-to and from undertaken)

Any other charges for electric light, fan, heater, air conditioning etc.

State also whether the facilities normally provided to all patients and no choice was left to the patient.

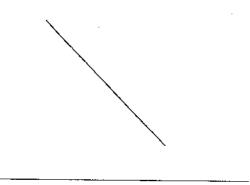


2. If treatment was received at hospital other than a Government Hospital necessary details and the Certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

(III) CONSULTATION WITH SPECIALIST -

Fees paid to a specialist or a medical officer other than the authorised 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 consultation and the fee charged for each consultation
- (c) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised 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



9. Total Amount Claimed

Less: Advance taken as

11. Net amount claimed

: Rs. 22,293

: Rs. NIL

: Rs. 22,293

12. List of Enclosures

1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription, 3) Original Fee Paid & Cash Memo [13 Nos.], 4) List of Medicine Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: 08/05/2015

Goutann Santar

Signature of the Government Servant
& Office to which attached
GOUTAM SARKAR
Inspector, Hrlors (Technical)
Central Enrise And By Commite
180, Shannadin, Rajusnija Main Road.

Korkats-700 :57

1787

जावर्यकता प्रमाणपत्र ESSENTIALITY CERTIFICATE

प्रमाणपत्र 'क' / Certificate 'A'

पत्नी / पुन्न	र । सन्त्री भ्रती पर			कुमारी को	Capit and the the contracts
nei(Certificate granted to Splt. Shri on daughter of Shri	/ Kumari	BISWAN	ATH SARKAR	& p p. p. 27 ; \$4 & \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
wife / su	on / daughter of Shri	OLLAW.	SAKKAK	evate	
employ	ed in the Central Exclision			* *** ********************************	
			ण-पत्र 'क' कर्मा सम्बद्ध		·
	(FICATE 'A'	ताल में भर्ती नहीं किया गया है	
	(To be completed in the case				
ਹੋਂ ਕਾ ≖ ∵	1 To be completed in the case			इसके द्वारा प्रसारि	गत स्टाता है :—
1. Dr	he Registrar (Treated under	Dr. Swjoy f	anchadhy.	ayee)herel	hy certify :-
क दि	मैने अपने के परामर्श कक्ष में / रोगी के नि	चास स्थान पर	(नारीख दी जाए)	की
		मर्श के छिए'''		ं। अभारित	त किए और प्राप्त व्हिए ।
(a) th	at I charged and received Rs!	0 + R. SO	= R ₁ , 150) =	
fo	er consultations on Assessed Assessed	9010. X014	at my cons	ulting room / at the reside	ence of the patient.
, , ,	(Dates to	be given)			
(ख) वि	ह मैंने अपने परामर्श कक्ष में / रोगी के निवा	संस्थान पर (त	गराखदा जाए ⊤		· · · · · · · · · · · · · · · · · · ·
अन्तः पेक्ष	ी अयस्तयक इंजेक्सन हेने के लिए tat I charged and received Rs	•		रुपये प्रभारिक्ष	त किए और प्राप्त किए।
(5) th	at I charged and received Rs				
	r administering				
••	(Dates to be given)		at my cons	uning footh / at the resid	dence of the patient.
(घ) कि	ि दिए गए इन्डेक्सन्स रोगक्षमता या रोग	ਈਮ ਤੇ ਲਿਖ थे	ं/नदीथेंः		
	at the injections administered we			g or prophylactic purpose	s.
	हरोगी का इंलाज				
្ត គ	हरा दुरहे में दी गई निम्नहिखित और	में रोगी की ह	(एक्त और कर ने	ंगंभीर १५ से खराव होने से	रोकने के लिए अनिवास
र्थ	ो। ये औपने		সংখ্যাত ট	प्राइवेट रोनीचों को देने के लिए	स्टाक नहीं को जाती और
	(अस्पताल व				
	समें वे पटेंट एकायत योग शामिल ना		हिए समान चि	केल्सा मान के सस्ते द्रव्य उत्पर	ठब्द हिंस ही वेयोगजो
मू (d) T	लतः खाद्य श्रृंगार सामग्री अथवा तिःसंकाम bat the patient has been under t	有 €.↓ 	Govt. Aw. R. Pal	vainic. 5. Sulvation Hos	eitel Roed, Kolkatza
(O) I	nature patient has seen under the true consulting room and that the	reatment at he underm e	intioned medi	cines prescribed by me	in this connection
w	ere essential for the recovery/	orevention o	of serious de	teripration in the condi	tion of the patient
. L	he medicines are not stocked in t ir the supply to private patier	ne (Name Hs and do	of the Buspi not include	Difficients interestations	for which cheaner
92	ubstances of equal therapeutic	value are	available no	or preparations which a	re primarily foods
t	oilets or disinfectants:	·			
क्रम सं∞्री	औषधियों का नाय	कोगृत	व.म सं॰	औषधियों का नाम	कीमत
SI. Ne.	Name of Medicines	Price	_	Name of Medicines	Price
31. 110.		₹° Rs.	q̂. Sl. No.	Manie of Medicines	ह॰ पै॰ P.s. P.
		<u></u>	·		
1	As per enclosed sheet		6 .		
2	ski ski		,		
2 ·	- enclos-		7		
3	As Pen -	2.	8		
		!	1	1	

10

(E-5.)	fe shall
· ·)	कि रोगी चिपींड़ित है/था और तक मेरे इलाज में है / था :
	that the patient is / was suffering from T2 DM, HTM, BHP, IBS and is / was under my treatment
	from 26.66.2014 to 08.03.2015
ਚ)	कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई हैं / भी।
(f)	that the patient is / was not given pre-natal or post-natal treatment.
(છ ⋅	कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए
<i>t</i> . N	
(₄)	that the X-Ray, Laboratory test etc. for which an expenditure of Rs
	was incurred were necessary and were undertaken on my advice at (Name of Hospital or Laboratory)
(ज)	कि मैंने रोगी को विशेष परामर्श के लिए डा॰ कि पास भजा थ
	औरका राज्य के प्रसुख प्रशासनिक चिकित्ला अधिकार
	का नाम नियमों के अनुसार यथापेक्षित आषश्यक अनुमीदन प्राप्त कर दिया गया था :
(h)	that I referred the patient to Dr for specialis
	(Name of the Chief Administrative Medical Officer)
	required under the rules was obtained.
(n.)	कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
(i)	that the patient did not require / required hospitalisation.
1-1	

Register, Dept. of C. & O Govt. of West liengel POLY CLINIC Koikata-20

नारीख

चिकित्सा अधिकारी के इस्ताक्षर और पदनाम तथा ऊस ं अस्पताल । चिकित्सालय को नाम जिसमें सम्बंध हैं

Signature and Designation of the Medical Officer and the Hospital/Dispensary to which attached

विसेव ध्यान दं-जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और घइ सभी मामलो में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N B - Certificate not applicable should be struck off. Ceetificate 'A' is compulsory and must be filled in by the Medical Officer in all cases.

FORMS CENTRE, Calcutta-54

LIST OF MEDICINE PURCHASED

		Medicine purchased from	CINE PURCHASED	Quantity	Amount	Amount
ill No.	Bill Date	Medicine purchased from 1	Salvus Met-50/1000	60	1,320.00	
1		·	Disar-H 20	30	256.50	1
ĺ		L	Fonact-10	30	186.00	-
		!	Thyronorm-50	100	112.73	
3845	26.06.2014		Jrimax-F	30	462.00	
+		<u> </u>	Orego-D	30	204.00	İ
			Softeron	60	107.16	
			Supermet XL 25	30	83.70	2,732.09
			Galvus Met-50/1000	60	1,320.00	
į	İ	<u>-</u>	Olsar-H 20	30	256.50	1
			Tonact-10	30	186.00	
0000	05 07 0044		Urimax-F	30	462.00	Į
3886	25.07.2014	2,	Drego-D	30	204.00	
			Softeron	60	116.00	
	[[Supermet XL 25	30	83.70	2,628.20
			Galvus Met-50/1000	60	1,320.00	
	[Tonact-10	30	186.00	
]	·	Urimax-F	30	462.00	
0000	0000 0014		Drego-D	30	204.00	
3922	2608.2014	Dhailwainair Diug Flouse	Olsar-H 20	30	256.50	
			Softeron	60	107.16	
		!	Supermet XL 25	30	83.70	2,619.36
			Galvus Met-50/1000	72	1,584.00	
		14 Dhanwantari Drug House	Tonact-10	36	236.39	
	21.09.2014		Drego-D	36	244.80	
			Softeron	72	142.99	
3946			Supermet XL 25	36	100.44	
			Urimax-F	36	608.40	
			Disar-H 20	36	307.80	
			Thyronorm-50	100	112.35	337.17
			Galvus Met-50/1000	60	1,320.00	
	1		Olsar Fi 20	30	256.50	
			Urimax-F	30	507.00	
			Tonact-10	30	197.00	
396 3	30.10.2014	Dhanwantari Drug House	Rabium DSR	30	192.00	
		·	Supermet XL 25	30	91.50	
			Softeron	30	62.00	
			Pan MPS	120 ml.	68.00	2,694.00
	<u> </u>		Zofar MD-4	14	69.97	
3964	30.10.2014	Dhanwantari Drug House	D.Protin	500 gm		1
	<u> </u>		Galvus Met-50/1000	60	1,320.00	
			Urimax-F	30	507.00	
	1		1	30	256.50	
		İ	Olsar-H 20	30	197.00	
3996	29,11,2014	Dhanwantari Drug House	Tonact-10	30	192.00	
0			Rabium Don	30	62.00	4
	1		Softeron	30	91.50	
			Supermet XL 25			
			D.Protin	500 gn 60	1,320.00	
			Galvus Met-50/1000		197.00	
			Tonact-10	30	507.00	
			Urimax-F	30	192.00	
4506	26.12.201	4 Dhanwantari Drug House	Rabium DSR	30		-
4500	120.12.201	- Disciplination Diagnitude	Disar-n zu	30	256.50	-1
	1	ļ	Softeron	30	58.00	
			Supermet Xi. 25	30	91.5	
l	1		D.Pretin	500 gr	n 550.00	
					Bal. C/I	17,978.

Bill No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
					Bal. B/F	17,978.79
			Galvus Met-50/1000	60	1,320.00	
	-		Tonact-10	30	197.00	
			Urimax-F	30	507.00	
4505	24 04 004 5	Dhawwantari Dava Hawan	Rabium DSR	30	192.00	
4525	31.01.2015	Dhanwantari Drug House	Olsar-H 20	30	256.50	
	:		Softeron	30	62.00	ł
			Supermet XL 25	30	91.50	ļ
			D.Protin	500 gm	550.00	3,176.00
4527	31.01.2015	Dhanwantari Drug House	Thyronorm-50	100	112.35	112.35
			Galvus Met-50/1000	20	440.00	
			Urimax-F	10	169.00	
			Olsar-H 20	10	85.50	
4536	22.02.2015		Tonact-10	10	65.66	
			Rabium DSR	10	64.00	
	1		Softeron	10	21.13	
			Supermet XL 25	10	30.50	875.79
TOTAL						22,142.93
ROUNDING OFF						

Gouten Sannai Osloc) 2015

GOUTAM SARKAR Inspector, house (Technical) Central Excise, Koikata-V Committee 180, Shantipally, Rajdanga Main Road. Kolkata-700 107 TO
THE ASSISTANT CHIEF ACCOUNTS OFFICER,
CENTRAL EXCISE,
KOLKATA-V COMMISSIONERATE,
KOLKATA.

Madam,

SUB: Submission of Medical Reimbursement Bill - Case of Smt. Durga Rani Sarkar, Mother of Shri Goutam Sarkar, Inspector, C.Ex., Kolkata-V Comm'te.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my mother Smt. Durga Rani Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (27_Sheets)

Yours faithfully,

Goutem Sanwon (5) (6)

INSPECTOR
HQ. TECHNICAL BRANCH

CENTRAL EXCISE

KOLKATA-V COMMISSIONERATE.



Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

Ş.,			ir servants and then Jannies
1.	Name and designation of the Government servant (in block letters)	:	GOUTAM SARKAR, INSPECTOR
(i)	Whether Married or Unmarried	:	Married
ii)	If married the place where wife/husband is employed	:	Asst. Teacher, Fathepur Nagendranath Vidyalaya, Garden Reach, Kolkata
2.	Office in which employed	:	
3.	Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	:	Pay Rs. 18,890/- + Grade Pay Rs. 4800/-
4	Place of duty	:	Hq. Technical Branch, Kolkata-V
5.	Actual residential address	:	24/1, Danesh Sk. Lane, P.O. Danesh Sk Lane, Block - Z/2, Howrah - 711 109
5.	Name of the patient and his / her relationship to the Government servant	:	Smt. Durga Rani Sarkar, Mother
7,	Place at which the patient fell ill	:	At residence
3.	Details of the amount claimed :	<u> </u>	Teresidence
[1]	MEDICAL ATTENDANCE :		
i)	Fees for consultation indicating –		
(a)	The name & designation of medical officer consulted and the hospital or dispensary to which attached	:	Dr. Sujoy Panchadhyaya, M.B.B.S.(CAL)M.D.(MED) Govt. of West Bengal, Poly Clinic, 5, Suburban Hospital Road, Kolkata – 20
(p)	The number and dates of consultation and the fee paid for each consultation	:	02 Consultations on 26.06.14 & 30.10.14 Fee Paid Rs. 100 + Rs. 50 = Rs. 150/-
(c)	The number and dates of injections and the fee paid for each injection		A171
(d)	Whether consultation and/or injections were held at the hospital at the consulting room of the medical officer or at the residence of the patient	:	NIL At Poly Clinic, 5, Suburban Hospital Road
ii)	Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating		Kolkata – 700 020.
(a)	The name of the hospital or laboratory where the tests were undertaken	;	Not applicable
(b)	Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attach	:	Not applicable
(c)	Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be attached)	;	Rs. 3,437/-
1)	HOSPITAL TEATMENT:		
	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 case where the accommodation is higher than 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)	:	

available)

(ii)

(iii) Surgical operation or medical treatment of confinement

(iv) Pathological, bacteriological, radiological or other similar tests indicating

(a) The name of the hospital or laboratory at which undertaken

(b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should be attached

(v) Medicines

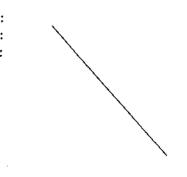
Special Medicines

Ordinary nursing

Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer- incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached. (ix)

Ambulance charges (State the Journey-to and from undertaken)

Any other charges for electric light, fan, heater, air conditioning etc. : (x)State also whether the facilities normally provided to all patients and no choice was left to the patient.



Notes: 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by

2. If treatment was received at hospital other than a Government Hospital necessary details and the Certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

CONSULTATION WITH SPECIALIST -(III)

Fees paid to a specialist or a medical officer other than the authorised medical attendant indicating:

The name and designation of the specialist or medical officer consulted and the hospital to which attached

(b) Number and dates of consultation and the fee charged for each : consultation

(c) Whether consultation was held at the hospital, at the consulting room : of the specialist or medical officer or at the residence of the patient.

(d) Whether the specialist or medical officer was consulted on the advice of the authorised 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

Total Amount Claimed 9.

10. Less: Advance taken as

Net amount claimed 11.

Rs. 3,587

Rs. NIL

Rs. 3,587

List of Enclosures 12.

: 1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription,

3) Original Fee Paid & Cash Memo [11 Nos.], 4) List of Medicine

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: 05/05/15

Goutem Sonhon

Signature of the Government Servant

& Office to which attached GOUTAM SARKAR

Inspector, Hours (Technical)

Central Excise, Rollsta-V Commite 180, Shantipord, Rejounge Main Road-

Kcikala-700 107

भावस्थकता प्रमाणपत्र HALITY CERTIFICATE 'क' / Certificate 'A'

q	નો /ન	में निय	क्त श्रीमती	/ श्री / कुमारी	मेड-103 / Med-103
rtoll W	er ife f	SouT AM	DURG.	A RANI SARKAR	ी दिया गया प्रमाण-पत्र।
		प्रमा	<u>४ (२००२)</u> ण-पत्र 'क'	nissionerate	
ã.		CERTI में यरा जा ए जिन्हें ईह टाउट of patients v	FICATE गण के लिए vho are p	'A' अस्पताल में भर्नी नहीं किया गया of admitted to bear	हो).
1. 1		3 fr. Sugar	ywchod	भूभूक्ष्यः) इसक हारा प्रमा	णित करता हूं :
(2)		मरामरा के छिए	******		त किए और प्राप्त दिए।
(m) ====	चेंच्य ने / रोगी है	न्य क्ट हारटत) नेवास स्थान पर (तार	ींख़ दी जा।	7 22 430 16310	ence of the patient,
\$32	received Rs.	***********	.X	रूपयं प्रभारि	त किए और प्राप्त किए।
(-i)	(Datex to be given)		at may so	ensulting room / at the resid	ence of the patient.
lc: €⊂	Andreas an interpretation of	merejwere not for	immunis	ing or prophylactic purposes फाल में मेरे परामर्श कक्ष में हुया है ने / गंभीर रूप से जराव टोडे से	और इस सम्बन्ध के लेल
(d)	ट्रक्कें ने एके	का नाम)	अस्पताल	में प्राइदेट रोगीयों को देने के लिए ह	राकन के छिए अनिवार्य टाक नहीं को जाती और
,	पुलतः प्राच्य शुंगार सामग्री अथवा निःसंका That the patient has been under my consulting room and that were essential for the recovery The medicines are not stocked in for the supply to private patie substances of equal therapeut oilets or disinfectants:	treatment at the undermention /prevention of s the { Name of	oned med erious d	icines prescribed by me interioration in the condition	Rod, Kolketz 20 hospital/ This connection Of the patient
₹° Nσ.	औषिवर्यों का नाम Name of Medicines	कीमत Price	इ.म सं०	औपिपयों का नाम	कीगत
 1		रू॰ पुँ॰ Rs. P	SI No.	Name of Medicines	Price ह॰ पै० २६ P
· •	As por enclosed shut		6.		
	ys bar en		7 8		
			9		
	٠.	1 1	00 1		

(ङ) कि रोगी	2	
(e) that the patient is / was sufferi	से पीड़ित है/या और	***************************************
from 26.06 20.06	ng from HTN, Dystinidemia Dist	E = 10
 (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर (f) that the patient is / was not give 	10 08.03.2015	Letts and is / was under my treatmen
(1) that the patient is / wee	ारण वहां का गई हैं / थी।	
थे थौर वे मेरी सलाइ से	के लिए	11,
(१) that the X-Ray, Laborate	या प्रयोगशाला का नाम)	ार. रुपये खर्च किए वे आध्रद्य
was incurred were necessary and	etc. for which an expenditure of R	उ
(ण) कि मन रोगी को नियंग करना र	Laroratory)	and the said and burney and any age to any
3) (Sons bus and an an an an an an an an an an an an an	**************************************
(h) that I referred the patients ?	प्रथम अनुमदिन प्राप्त कर दिया गया था।	भारत में महस्य प्रशासानक चिकित्ता अधिकारी
consultation and that the necessar	ry approval of the	Ecer)
advice adder the fuler was at a		ficer)
रण कि राम का अस्पताल में स्वता आवरणण -		
(i) that the patient did not require / n	equired hospitalisation.	With the state of

Register, Dept. of G. & O Govt. of West Bengal POLY CLINIC Kolkata-20

नारीख Date ...

चिकित्सा अधिकारी के इस्ताक्षर और पदनाम तथा ऊस ं अस्पताल । चिकित्सालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer

विसेव ध्यान दें — जो प्रमाण-मत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और मह सभी मामलो में चिकित्सा

N B - Certificate not applicable should be struck off. Certificate 'A' is compulsory and must be filled in by FORMS CENTRE, Calcutta-54



LIST OF MEDICINE PURCHASED

Bill No.	Bill Date	Medicine purchased from	DICINE PURCHASED Name of the Medicine	Quantity	Amount	Amount	
			Amchek-5	30	89.10	Amount	
3846	26.06.2014	14 Dhanwantari Drug House	Tonact-10	30	186.00		
	<u> </u>	<u> </u>	Glycomet SR 1gm	30	118.00	393.10	
2004	05.07.004		Amchek-5	30	89.10		
3884	25.07.2014	Dhanwantari Drug House	Tonact-10	30	186.00		
	 		Glycomet SR 1gm	30	118.00	393.10	
3923	26 08 0044		Tonact-10	30	186.00		
3823	26.08,2014	Dhanwantari Drug House	Amchek-5	30	89.10		
	 		Glycomet SR 1gm	30	118.00	39 3.10	
3947	24.00.2044		Tonact-10	3 6	236.39		
3347	21.09.2014	Dhanwantari Drug House	Glycomet SR 1gm	. 36	141.59		
- 	<u></u>		Amchek-5	36	113.65	491.63	
3965	30.10.2014	Dhanwantari Drug House	Amchek-5	30	94.71		
2902			Tonact-10	30	197.00		
			Glycomet SR 1gm	30	118.34	410.05	
39 97	29.11.2014	44.0044 54	Amchek-5	30	94,71		
3 997			Tonact-10	30	197.00		
			Glycomet SR 1gm	30	118.34	410.05	
			Tonact-10	30	197.00		
4507	2612.2014	1	Amchek-5	30	89.10	}	
	<u> </u>		Glycomet SR 1gm	30	118.34	404.44	
			Tonact-10	30	197,00		
4526	31.01.2015	Dhahwantari Drug House	Amchek-5	30	89.10	٠,	
			Glycomet SR 1gm	30	118,34	404.44	
	!		Tonact-10	10	65.66		
4537	22.02.2015	Dhanwantari Drug House	Glycomet SR 1gm	10	39.44		
	<u> </u>		Amchek-5	10	31.57	136.67	
<u>–</u>		GRAND TO	OTAL		1	3,436.58	
		ROUNDING	DFF			3,437.00	

Gorten Sorkan

GOUTAM SARKAR

Inspector, Hdms (Technical)
Central Excise, Kolkala-V Commite
180, Shantipally, Rajdanga Main Road,
Kolkata-700 107



भारत सरकार GOVERNMENT OF INDIA

केन्द्रीय उत्पाद शुरूक आयुक्तालय: कोलकाता-V CENTRAL EXCISE COMMISSIONERATE: KOLKATA-'V

केन्द्रीय उत्पाद शुल्क अवन : 180, राजडांगा मेन रोड : शांतिपल्ली : कोलकाता-700107

KENDRIYA UTPAD SHULK BHAWAN : 186, RAJDANGA MAIN ROAD: SHANTIPALLY: KOLKATA-700107 FAX NO. 033-2441-6917: PHONE NO. 033-2441-6921, Email - kolkata5@.nic.in

C.NO.li(22)1/Med/Misc(P-1)/Kol-V/03/

Dated:-

To,

2 8 JUL 2015

The A.C.A.O. Service Tax-I Commissionerate 180, Shantipally Kolkata - 700107

Sub:- Forwarding of medical bills of Shri Gautam Sarkar, Inspector - regarding.

Please refer Esst. Order , C. No.H(3)6 –ET/Koi-V/2015/6561-6626 dated:- 11.06.2015.

Enclosed herewith, please find two medical bills, receipt no. 2517 dated: 19.05.2015 for Rs. 22293/- & receipt no. 2516 dated:- 19.05.2015 for Rs. 3587/- alongwith all submitted papers, i/r/o Shri Gautam Sarkar inspector who has transferred/posted at Service Tax-I vide above mentioned Esst. Order,

This is for your necessary action at your end please.

Enclosure: As stated (63 Sheets)

Central Excise

Kolkata - V Commissionerate

THE ADMINISTRATIVE OFFICER,
B.B.D. BAG — I DIVISION,
SERVICE TAX - I COMMISSIONERATE,
KOLKATA.

Madam,

SUB: Submission of Medical Reimbursement Bill — Case of Sri Biswanath Sarkar, Father of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my father Shri Biswanath Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (24 Sheets)

Yours faithfully,

(GOUTAM SARKAR) 1. 10. 12. 12. 12.

INSPECTOR

RANGE - 1, B.B.D.BAG-1 DIVISION

SERVICE TAX-1 COMMISSIONERATE.

Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

7.12			
1.	Name and designation of the Government servant (in block letters)	·······	COUTAM CARVAR INCREGROR
(i)		·	GOUTAM SARKAR, INSPECTOR Married
ii)	If married the place where wife/husband is employed	:	
		٠	Asst. Teacher, Fathepur Nagendranath
2.	Office in which employed	,	Vidyalaya, Garden Reach, Kolkata
3.	Pay of the Government servant as defined in the Fundamental Rules and		Service Tax - I Commisionerate, Kolkata
	any other emoluments which should be shown separately	•	Pay Rs. 19,610/- + Grade Pay Rs. 4800/-
4.	Place of duty	·····	Range-J, B.B.D.Bag-I Division, S.Tax-I
5.	Actual residential address		
		•	lane Block 2/2 Househ 311 100
6.	Name of the patient and his / her relationship to the Government		Lane, Block - 2/2, Howrah - 711 109
· <u>·</u> · ··	servant	•	Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill	:	At residence
8.	Details of the amount claimed :		
(1)	MEDICAL ATTENDANCE :		
i)	Fees for consultation indicating		
(a)	The name & designation of medical officer consulted and the hospital or		
	dispensary to which attached	:	Dr. Manjari Saha,
			M.D.(GENERAL MEDICINE)
	•		Govt. of West Bengal, Poly Clinic,
			5, Suburban Hospital Road, Kolkata - 20
{b}	The number and dates of consultation and the fee paid for each		
	consultation	:	02 Consultations on 16.06.15 & 15.09.15
			Fee Paid Rs. 100 + Rs. 50 = Rs. 150/ -
(c)	The number and dates of injections and the fee paid for each injection		N/II
(d)	Whether consultation and/or injections were held at the hospital at the	:	NIL.
	consulting room of the medical officer or at the residence of the patient	:	At Poly Clinic, 5, Suburban Hospital Road,
(ii)	Charges for pathological, bacteriological, radiological or other similar		Kolkata - 700 020.
	tests undertaken during diagnosis indicating		
(a)	The name of the hospital or laboratory where the tests were undertaken		Not on distal
(b)	Whether the tests were undertaken on the advice of the authorised.	•	Not applicable
	medical attendant, if so, a certificate to that effect should be attach	:	Not applicable
(c)	Cost of medicines purchased from the market	:	Dc 10 2467
	(List of medicines, cash memos & the essentiality certificate should be	٠	Rs. 18,346/-
	attached)	·	
(0)	HOSPITAL TEATMENT:		
	Name of the Hospital		_
	Charges for Hospital treatment indicating separately the charges for :	:	• \
ii	Accommodation		

(State whether it was according to the status or pay of the government servant and in case where the accommodation is higher than 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)

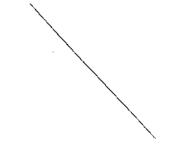
- Surgical operation or medical treatment of confinement (iii)
- Pathological, bacteriological, radiological or other similar tests indicating (iv)
- The name of the hospital or laboratory at which undertaken (a)
- Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should be attached
- Medicines (v)
- (vi) Special Medicines

Ordinary nursing

Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer- incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

(ix) Ambulance charges (State the Journey-to and from undertaken)

(x) Any other charges for electric light, fan, heater, air conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.



Notes: 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by this rule.

2. If treatment was received at hospital other than a Government Hospital necessary details and the Certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

(III) CONSULTATION WITH SPECIALIST --

Fees paid to a specialist or a medical officer other than the authorised 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 consultation and the fee charged for each consultation
- (c) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a ceruficate to that effect should be attached



9. Total Amount Claimed

10. Less: Advance taken as

11. Net amount claimed

Rs. 18,496

: Rs. NIL

: Rs. 18,496

12. List of Enclosures

- : 1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription,
 - 3) Original Fee Paid & Cash Memo [08 Nos.], 4) List of Medicine Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: Office family

Signature of the Court provide Survey

Signature of the Government Servant & Dffice to which attached

(GOUTAM SARKAR)
INSPECTOR (RANGE-1)
B.B.D.BAG-1 DIVISION
SERVICE TAX-1 COMMISSIONERATE

₹. 9. ₹. / P. T. O.

जावस्थकता प्रमाणपत्र ESSENTIALITY CERTIFICATE

प्रमाणपत्र 'क' / Certificate 'A'

मेड-103 / Med-103 में नियुक्त श्रीमती / श्री / इन्मारी को दिया गया प्रमाण-पत्र । Certificate granted to Sert. / Shri / Kumeri... BISWANATH. SARKAR. wife | son | daughter of Shri Show TAM SARKAR. employed in the BBD BAG-1 DIVISION SERVICE TAX - I COMMISSIONERATE KELKATA प्रमाण-पत्र 'क' CERTIFICATE 'A' (उन रोगियों के मामले में भरा जाए जिन्हें ईलाज के लिए अस्पताल में मर्नी नहीं किया गया हो) (To he completed in the case of patients who are not admitted to hospital for treatment) olered in the case of pacific इसके द्वारा प्रमाणित करता हूं :--में, डा- इसक द्वारा प्रमाणित करता हूं :- इसक द्वारा प्रमाणित करता हूं :- hereby cortify ;- he हिंदी अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) for consultations on 16.06.2015 & 15.09.2015 at my consulting room ; at the residence of the patient. (ख) कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) (७) । क मन अपन परामरा कदा न र रामा क रात्राक रपाम तर र भाराक तर नाहर र अन्तः पेक्षी अधस्तवक इंजेक्शन देने के लिए " क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म अनाद्त क्ष्म आहे । क्ष्म अनाद्त क्ष्म अनाद्व क्ष्म अनाद्त क्ष्म अनाद्त क्ष्म अनाद्व क्ष्म अनाद्व क्ष्म अनाद्त क्ष्म अनाद्त क्ष्म अनाद्त क्ष्म अनाद्व क्ष्म अन्य क्ष्म क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म अन्य क्ष्म क्ष्म अन्य क्ष्म अन्य क्ष्म क्ष्म क्ष्म क्ष्म अन्य क्ष्म क् for administering......intra-muscular sub-cutaneous injections on..... at my consulting room / at the residence of the patient. (Dates to be given) (ग) कि दिए गए इस्जेक्सन्स रोगधमता या रोग निरोध के लिए थे ! नही थे : (c) that the injections administered were/were not for immunising or prophylactic purposes. (E) कि रोगी का इलाज हारा नुस्ले में दी गई निम्निटिखित औषधे रोगी की हालत ठीक करने । गंभीर रुप से खरान होने से रोकने के लिए अनिवार्य थी। ये औषने उसमें ने पटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मध्त के सस्त द्रव्य उपलब्ध हैं नहीं ने योग जो (d) That the patient has been under treatment at Poly Clinics, 5,544 without Hospital Read, Kiketa-24 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 the 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 disiofectants ; कीमत कीमत Price औपधियों का नाम ऋम सं॰ Price औषवियों का नाम Name of Medicines ۲ō۰ क्रम सं॰ SI. No. Name of Medicines Si. Ne. 6 As per Enclosur 1 7 2 3 9 10

5

(용)	कि रोगीचे पीढ़ित है/था औरसं तक मेरे इलाज में है / या :
(c)	that the patient is / was suffering from Talm, HTM, 185, BHP
\- '	from 16.06.2015
(च)	कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई हैं । थी।
(f)	that the patient is / was not given pre-natal or post-natal treatment.
(ভ	कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिएभी किये गये थे। थे और वे मेरी सलाह सेभी किये गये थे। (अस्पताल या प्रयोगशाला का नाम)
(g)	that the X-Ray, Lahoratory test etc. for which an expenditure of Rs
·	was incurred were necessary and were undertaken on my advice at
(জ)	कि मैंने रोगी को विशेष परामशं के लिए डा॰ कि पास भंजा था और को राज्य के प्रसुख प्रशासनिक चिकित्सा अधिकारी
	का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
(h)	that I referred the patient to Dr
	consultation and that the necessary approval of the
	required under the rules was obtained.
(मः)	कि रोगी का अस्पताल में रखना आवद्यक नहीं. था / आवद्यक था।
(i)	that the patient did not require / required hospitalisation.

Register, Dept. of G. & O Govt. of West Best POLY CLIN

चिकित्सा अधिकारी के इस्ताक्षर और पदनीम तथा जस अस्पताल । चिकित्सालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer and the Hospital/Dispensary to which attached

विदीव ध्यान दें-जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार है, और घर सभी मामलों में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N B - Certificate not applicable should be struck off. Certificate 'A' is compulsory and must be filled in hy the Medical Officer in all cases.

FORMS CENTRE, Calcutta-54

तारीख

Date 11- 11-16



LIST OF MEDICINE PURCHASED

Bill No	. Bill Date	Medicine purchased from	DICINE PURCHASED	Ougatio.	<u> </u>			
		paramaged hor	Galvus Met-50/1000			Amount		
			Olsar-H 20	60	1,284.0			
•	1.		Thyronorm-50	30	281.8			
4576	16.06.2015	Dhanwantari Drug House	Urimax-F	100	116.5			
		Dianital Diag House	Tonact-10	30	507.00			
	•		Rantac-D	30	203.00			
		ţ		30	76.15	→		
	 		D-Protin	500gm	550.00			
	1	Ì	Galvus Met-50/1000	60	1,410.00			
	ļ	!	Urimax-F	30	507.00			
4586	15.07.2015	Dhanwantari Drug House	Olsar-H 20	30	281.85			
			Tonact-10	30	203.00			
			Rantac-D	30	76.15			
	 	· · · · · · · · · · · · · · · · · · ·	D-Protin	50 0gm	550.00			
		Dhanwantari Drug House	Galvus Met-50/1000	60	1,410.00			
	·] i		Urimax-F	30	556.50			
4590	15.08.2015		Olsar-H 20	30	281.85]		
			Tonact-10	30	203.00			
			Rantac-D	30	76.15	1		
·-			D-Protin	500gm	550.00	3,077.55		
			Galvus Met-50/1000	60	1,410.00			
			Olsar-H 20	30	281.85			
4597	15.09.2015		Urimax-F	30	556.50			
4397		Dhanwantari Drug House	Tonact-10	30	203.00]		
			Rantac-D	30	76.15	İ		
			Thyronorm-50	100	116.50	:		
			Livogen	90	259.80	2,903.80		
	i 1	Drianwantan Drug House	Galvus Met-50/1000	60	1,410.00	2,000.00		
	14.10.2015		Urimax-F	30	556.50			
5707			Rantac-D	30	76.15			
			Livogen	90	259.80	- 1		
	•		Olsar-H 20	30	281.85			
			Tonact-10	30	203.00	2,787.30		
ŀ			Galvus Met-50/1000	76	1,786.00	2,101.30		
5712	1	Dhanwantari Drug House	Tonact-10	38	257.13	.		
	14.11.2015		Olsar-H 20	38	357.01	ļ		
			Rantac-D	38	96.46			
			Urimax-F	38'	704.90	J		
		i	Livogen	114	329.07	3 5 30 5 7		
TOTAL 329.07					328.07	3,530.57		
		ROUNDING				18,345.77		
					18,346.00			

TO
THE ADMINISTRATIVE OFFICER,
B.B.D. BAG +1 DIVISION,
STRVICE TAX +1 COMMISSIONERAH,
KOLKATA.

Madam,

SUB: Submission of Medical Reimbursement Bill — Case of Smt. Durga Rani Sarkar, Mother of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my mother Sml. Durga Rani Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (14 Sheets)

Yours faithfully,

Gontam Sankan (GONTAM SANKAN) 23/05/2016

(GOUTAM SARKAR)

INSPECTOR

RANGE - I, B.B.D.BAG-I DIVISION
SERVICE TAX - I COMMISSIONERALE.



orm of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

Name and designation of the Government servant (in black letters) GOUTAM SARKAR, INSPECTOR Whether Married or Unmarried If married the place where wife/husband is employed Asst. Teacher, Fathepur Nagendranath Vidyalaya, Garden Reach, Kolkata Office at which employed Service Tax - I Commisionerate, Kolkata Pay of the Government servant as defined in the Fundamental Rules and $\dot{\gamma}$: 3 Pay Rs. 19,610/- + Grade Pay Rs. 4800/any other empluments which should be shown separately 12 Place of duty Range-I, B.B.D.Bag-I Division, S.Tax-I Actual residential address 24/1, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109 Name of the patient and his / her relationship to the Government Smt. Durga Rani Sarkar, Mother servant Place at which the patient fell ill At residence Details of the amount clarated (1)MEDICAL ATTENDANCE : ı) Lees for consultation indicating The name & designation of medical officer consulted and the hospital or Dr. Manjari Saha, dispension to which attached M.D.(MEDICINE) Guvt. of West Bengal, Poly Clinic, 5, Suburban Hospital Road, Kolkata - 20 The number and dates of consultation and the fee paid for each 01 Consultation on 22.12.15 consultation Fee Paid Rs. 100/- $\{\varepsilon\}$. The number and dates of injections and the fee paid for each injection NII. Whether consultation and/or injections were held at the bospital at the (t1)At Poly Clinic, 5, Subuchan Hospital Road,

- consulting room of the medical officer or at the residence of the patient
- Charges for pathological, bacteriological, cadiological oclother similar tests undertaken during diagnosis indicating
 - The name of the hospital or faboratory where the tests were undertaken
 - Whether the tests were undertaken on the advice of the authorised medical arrendant. If so, a certificate to that effect should be attach
 - Cost of mixlidines purchased from the market (List at medicines, cash memos & the essentiality certificate should be sulachedo

HOSPITAL TEATMENT: (11)

Name of the Haspital

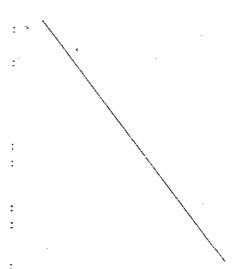
Charges for traspital meatment indicating separately (bricharges for)

Accommodation

(Sear-whether it was according to the status or pay of the government servent and in case where the accommodation is higher than 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)

- dil Diet
- 4066 Surgical operation or medical continement
- Pathological, bacteriological, cadiological or other similar tests iodicating 1.9}
 - (a)The name of the hospital or faboratory at which undertaken
- Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should be attached
- Medicines (v)
- Special Medicines ave)

- Kolkata = 700 020.
- Not applicable Not applicable
- Rs. 3,609/-



Codinary masing

special nursing i.e. ourses, specially engaged for the patient. State whether they were employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer in charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

(ix) Ambiliance charges (State the Journey to and from undertaken)

(x) Any other charges for electric light, Ian, heater, air conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.

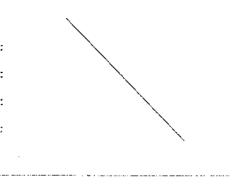
Notes: 1. If the treatment was received by the Government servant at his residence under role 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by this rule.

2. If treatment was received at hospital other than a Government Hospital necessary details and the Certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

(III) CONSULTATION WITH SPECIALIST

Less paid to a specialist or a medical efficer other than the authorised medical attributant indicating :

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached
- (b) Number and dates of consultation and the fee charged for each consultation
- (ii) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.
- (a) Whether the specialist or medical officer was consulted on the advice of the authorised 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.



n iosal Amanat Claimed

() Lass Advance taken as

(1) Net amount claimed

Rs. 3,709

: Rs. NIL

Rs. 3,709

13 List of Enclosures

1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription, 3) Original Fee Paid & Cash Memo [04 Nos.], 4) List of Medicine

Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: 23/5) 2016

Goutem Sonkon

SERVICE TAX-I COMMISSIONERATE

Signature of the Government Servant & Office to which attached (Goutam Sarkar)
INSPECTOR (RANGE-I)
B.B.D.BAG-I DIVISION

जावद्यकतः। प्रमाणपत्र ESSENTIALITY CERTIFICATE प्रमाणपत्र 'क' / Certificate 'A'

184.16 2040

							03 / Med-1	03
(***************************************							
	্যান / দুলী থ্নী Certificate granted to Smt. / Shri son / daughter of Shri yed in the BBQ BM-I Divisio	(V marzei	Di	IRGA	RANI SARKA HMISSIONERATE	R		
	Jan 10. 10. 10.	प्रम	ाण−पत्र	'ক'				.*
				TE'A'	^ ~			
	(उन रोगियों के मामले में भर (To be completed in the case	ा जाए जिन्हें इ	লোজ ৰ স্টেত্ৰ	ालपु अस्प प्रकारतीय	ताल म भना नहा ।क्या स Imitted to bospital fo	याहा) प्राप्त	nt)	
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aki i	ि भैने अपने के परावर्त क्य में / रोगी के नि	वास स्थान पर	(नारी	ख दी जाए	,···			
1,	्राप्त का अनुसार का बर्रायस करते हैं।	यर्ग के लिए				भारित कि	্থীব্যায় জি	। जि
a) t	hat I charged and received Rs	100/=						* ** 1
., .	for consultations on 22.12. 201	5	at	my cons	ulting room ; at the r	esidence (of the patie	nt.
	/ Dotes to	he aiven l						- N
$\vec{\omega}_i$	ि भैने अपने परामर्श कक्ष में / रोगी के निवा	स स्थान पर (त	तारीख	दी जाए /		* * * * * * * * * * * * * * * * * * * *		'की
কেন্দ্র ট	क्षि सम अपने पराप्त कहा में हिर्दाण के छात्र श्री अधसावक इंजेक्शन देने के लिए '' '''' that I charged and received Rs				रुपये प्र	भारित किर	र और प्राप्त कि	ए।
o)	that I charged and received Rs		<u>x</u>					
	or administering							
			at	my cons	ulting room / at the	residence	of the patie	nî.
__1	(Dates to be given)	الماريخ الماريخ		. . .				
a) 1	के दिए गए इन्जेक्सन्स रोगक्षमता या रोग f hat the injections administered we	ત્∖્યું જા ∣છાયું ધ retwere not	र / सह। for im	i Munisini imunisini	and prophylactic pur	Dases		
$\langle \cdot \cdot \cdot \cdot \cdot \rangle = \langle \cdot \cdot \cdot \cdot \rangle$	कि रोगी का इलाज """""		******	**************************************	ह का कार्यक्राजा है। इस में मेरे प्राप्त कर में	2000. ਵਗਵਿੰਘੀ:	रस मन्द्रस्थ है	तेरे
*/	करात्याका २००० इ.स. मुस्ले में दी गई निम्नहिख्त शौष	वे रोगी की	दालत	ठीक करने	/ गंभीर रूप से खराव हो	हुना ए जात् भने से रोक्ः	. २००० च्या ने के लिए अदि	अर्थ
	थी। ये औरथे				प्राइवेट रोगीयों को देने के			
	(अस्पतास व	त नाम)				·	-	
	उसमें वे पटेंट एकायत योग शामिल <mark>ना</mark>	ही हैं जिनके	लिए	समान चि	वेतना मान के सस्ते द्रव्य	कपलब्य है	हें नहीं देयोग	जो
	मृहदः खाद्य श्रृंगार् सामग्री अयवा निःसंकाम	क हैं।	,	0			. Valuation	- 20
ą) .	That the patient has been under truly consulting room and that t	reatment at	t Aryr.s	F N. Bu To	cines margitud by	Hoggild Ke	nospi	tal/
	were essential for the recovery/							
	The medicines are not stocked in t	he / Name	of th	ie Hosnii	al }			
	for the supply to private patier substances of equal therapeutic	its and do value ar	лог е ауч	inciude Nable no	proprietary preparat or preparations which	ions for the are or	which chea imarily foc	per ids.
	toilets or disinfectants:			_		- ··· •		,
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₹सं०	औषधियों का नान	Price	:	क्रम सं•	औपधिमों का ना		Price	
Ne.	Name of Medicines	₹,0 -	प्रै॰	SI No.	Name of Medic	ines	₹∘	ġ.
		Rs.	P -	<u> </u>	<u> </u>		R.s.	.₽.
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	ि कि रोगो	
((c) that the patient is / was suffering from [ITM, Dyell?] 2015 12. 2015 15. 2016 16. (17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	
	(छ कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए ये और वे मेरी सलाइ से (अस्पताल या प्रयोगशाला का नाम) (१) that the X-Ray, Laboratory test etc. for which an expenditure of F अवह incurred were occessary and were undertaken on my advice ह (Name of Hospital or Laboratory) वि मेने रोगी को चिशेष परामशं के लिए हा॰ का नाम नियमों के अनुसार यथापेशिक अपराप्ता	then were
(h)	that I referred the patient to Dr	अध्य अशासानक चिकित्सा अधिकारी
(年) (i)	reduced under the rules was obtained Administrative Medical Or	ficer)

POLY CLINIC

चिकित्सा अधिकारी के हस्ताक्षर और पदनीम तथा उम् अस्पताल / चिकिल्सालय का नाम जिसमें सम्बंध हैं

Signature and Designation of the Medical Officer

विष्यान दें--जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र के अनिवार्य है, और घह सभी मामलों में चिकित्सा

3 -- Certificate not applicable should be struck off. Certificate 'A' is compulsory and must be filled in by RMS CENTRE, Calcutta-54

LIST OF MEDICINE PURCHASED

Eill No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
	i čil	Dhanwantari Drug House	Cetapin XR-1000	30	123.00	
5728	22 12.2015		Atorva-10	30	212.04	
			Telmichek-40	30	243.00	
	·		Cartigen Duo	30	633.00	1,211.04
	İ		Cartigen Duo	30	633.00	
5734	21.01.2016	Dhanwantari Drug House	Telmichek-40	30	243.00	
			Cetapin XR-1000	30	123.00	
			Atorva-10	30	212.04	1,211.04
			Atorva-10	30	212.04	
5743	20.02.2016	Dhanwantari Drug House	Cetapin XR-1000	30	99.00	
			Cartigen Duo	30	633.00	
		<u> </u>	Telmichek-40	30	243.00	1,187.04
		GRAND TO		·		3,609.12
· · ·		ROUNDING	OFF			3,609.00

Growten Sankan

THE ADMINISTRATIVE OFFICER, B.B.D. BAG-I DIVISION, SERVICE TAX - I COMMISSIONERATE. KOLKATA.

Madam,

SUB: Submission of Medical Reimbursement Bill - Case of Sri Biswanath Sarkar, Father of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my father Shri Biswanath Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (24 Sheets)

Yours faithfully,

Gontam Sankan ----- 29/08/2016

INSPECTOR

RANGE -1, B.B.D.BAG-I DIVISION SERVICE TAX-I COMMISSIONERATE.



n of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

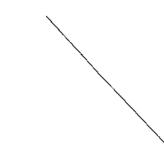
	attendance and / or treatment of Central Governn	ner	nt Servants and their families
	Name and designation of the Government servant (in block letters)		GOUTAM SARKAR, INSPECTOR
î (i)			Married
÷)	If married the place where wife/husband is employed	:	Asst. Teacher, Fathepur Nagendranath
2.	Office in which employed		Vidyalaya, Garden Reach, Kolkata
3	Pay of the Government servant as defined in the Fundamental Rules and	_:_	Service Tax – I Commisionerate, Kolkata
4.	any other emoluments which should be shown separately Place of duty	· —	Pay Rs. 66,000/-
5.	Actual residential address	<u>:</u>	Range-I, B.B.D.Bag-I Division, S.Tax-I
:		:	24/1, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109
5	Name of the patient and his / her relationship to the Government	:	Sri Biswanath Sarkar, Father
7	Place at which the patient fell ill		
1 8.	Details of the amount claimed :	:	At residence
	. On the amount Cambo		
(1)	MEDICAL ATTENDANCE		
-)	Fees for consultation indicating -		
(a)	The name & designation of medical officer consulted and the hospital or		Dr. Manjari Saha,
	dispensary to which attached	•	M.D.(GENERAL MEDICINE)
	•		Govt. of West Bengal, Poly Clinic,
			5, Suburban Hospital Road, Kolkata – 20
(b)	The number and dates of consultation and the fee paid for each		01 Consultation on 22.12.2015
	Consultation	•	
	•		Fee Paid Rs. 100/-
(c)	The number and dates of injections and the fee paid for each injection		NIL
(d)	Whether consultation and/or injections were held at the hospital at the	•	
	consulting room of the medical officer or at the residence of the patient	•	At Poly Clinic, 5, Suburban Hospital Road, Kolkata - 700 020.
14.)	Charges for pathological, bacteriological, radiological or other similar		NOIRALA ~ 700 020.
	tests undertaken during diagnosis indicating		
(a)	The name of the hospital or laboratory where the tests were undertaken	:	Not applicable
(b)	Whether the tests were undertaken on the advice of the authorised	;	Not applicable
(c)	medical attendant. If so, a certificate to that effect should be attach		
120	Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be	:	Rs. 19,970/-
	attached)		
()	HOSPITAL TEATMENT:	5	
	Name of the Hospital		
	Charges for Hospital treatment indicating separately the charges for :	•	
·j	Accommodation		\'.
	(State whether it was according to the status or pay of the government	٠	
	servant and in case where the accommodation is higher than 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 of confinement	•	
(iv)	Pathnlogical, bacteriological, radiological or other similar tests indicating	:	
(a)	The name of the hospital or laboratory at which undertaken	:	
(b)	Whether undertaken on the advice of the medical officer in charge of	:	
	the case at the hospital. If so, certificate to that effect should be settached	-	

pttached Medicines Special Medicin**es** The they were employed on the advice of the medical officer-incharge of the case at the hospital or at the request of the Government convant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

Ambulance charges (State the Journey to and from undertaken).

Any other charges for electric light, fan, heater, air conditioning etc.

State also whether the facilities normally provided to all patients and no choice was left to the patient:



tes. 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) les, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by s rule.

2. If treatment was received at hospital other than a Government Hospital necessary details and the rtificate of the authorised medical attendant that the requisite treatment was not available in any nearest vernment hospital should be furnished.

CONSULTATION WITH SPECIALIST --

Fees paid to a specialist or a medical office, other than the authorised 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 consultation and the fee charged for each

(c) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.

(d) Whether the specialist or medical officer was consulted on the advice of the authorised 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.

Total Amount Claimed

Less: Advance taken as

Net amount claimed

: Rs. 20,070

Rs. NIL

: Rs. 20,070

List of Enclosures

: 1) Essentiality Certificate; 2] Attested Photocopy of Doctor's Prescription, 3) Original Fee Paid & Cash Memo [07 Nos.], 4] List of Medicine Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

::e: 29/08/2016

Goutem Sankan

Signature of the Government Servant & Office to which attached

(GOUTAM SARKAR)
INSPECTOR (RANGE-I)
B.B.D.BAG-I DIVISION
SERVICE TAX-I COMMISSIONERATE

L. Messon

कृष् पृ॰ ह॰ / P. T. O.

जावज्यकता प्रमाणपत्र ESSENTIALITY CERTIFICATE प्रमाणपत्र 'क' / Certificate 'A'

*				46-1	0) 14160-103
	**************************************	·····में नियुक्त श्रीम	ती / श्री / इ	हमारी	************
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		CERTIFICA	TE 'A'		
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					nt)
में, डा•				·· ····^ॱइसके द्वारा प्रमाणित करा	ता हूं:
i. Dr.	(To be completed in the case of Man) and Saha. कि भैने अपने के परामर्श कंझ में / रोगी के नि	. /			: вту ;
क १	कि मैंने अपने के परामर्श कक्ष में / रोगी के निष	वास स्थान पर (नारा	ख दा जाए	,	फ। *
•	कि भेने अपने के परामशे केंझ में / रोगों के निर्मा hat I charged and received Rs.	नर्श के छिए	~ <i>(</i> 0 1	प्रभारत कि	र आर प्राप्त । सन्दर्भ
(a) t	hat I charged and received Rs	NE COPE	2. 1968 .7	ulting room I at the residence	of the nations
	(Dates tn. i कि मैंने अपने परासर्श कक्ष मैं / रोगी के निवास	ne given) Texta ita (anihia)	टी जगाः"		·····की
(ख़)	कि मने अपने परास्था कक्ष से । रागा के निवार	इ स्थान पर (जाराज			र और गाम किए।
शन्तः प	कि मन अपन परामश कहा मार रागा का गणार हिती अधस्तवक इंजेक्शन देने के लिए that I charged and received Rs	*		did Adille	
(5)	for administering	iniin	ra-muscu	lar sub-cutaneous injections of	1
	for administering	at	my cnns	ulting room / at the residence	of the patient.
	(Dates to be given)		•		
(a)	कि दिया गए बस्नेक्सका रोगसवता या रोग नि	रोध के लिए थे / नई	ो थेंः	•	
1 - 1	death a injections administered wer	<i>el</i> were not for ill	amunisana	g nr prophylactic purposes.	
(e)	for order for some or the contract of the contract of		''''अरपत	हर में मेरे परामशे कक्ष में हया है और	र इस सम्बन्ध में मेर्र २२०० - क्यार्ट
	कराताका इलाज इत्त नुस्त्वे में दी गई निम्नलिखित औष	धे रोगों की हालत	ठीक करने	/ गमीर रूप से खराव होने से रीके	न कारुए आनवाय — किल्ले — किल्लैंट
	थी। ये औपने		अस्पताल म	प्राइवेट रोगीयों को देने के लिए स्टाक	नहां का जाता आर
	(अस्पताल क	गनाम) ० के ०-२ ०		क्षा करता के सबसे काल के सम्बद्ध	हैं । ही वेशोज जो
	उसमें वे पटेंट एकायत योग शामिल नइ	- <u>-74</u>			
(4)	मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंकामः That the patient has been under to	testment at foly	Clinic, 5	, Suburdion Hospital Road, Kolk	hospital/
(d)	my consulting form and that the	he undermention	ica meai	Cluss bigrelined by the in a	This conficence
	were ecoantial for the coonvery/s	steventinn of St	ersous de	terioration in the condition	GI IBC PROCOL.
	The medicines are not stocked in t for the supply to private patien	its and do not	include	proprietary preparations for	which cheaper
	substances of equal therapeutic	value are av	ilable no	or preparations which are p	timarily foods,
	toilets or disinfectants:	·	<u></u>		,
	* ^ ~	कीमत	J 17	औपधियों का नाम	कीमत
क्रय सं	· · · · · · · · · · · · · · · · · · ·	Price	क्रम सं•	Name of Medicines	Price ह॰ पै॰
Sl. Ne	Name of Medicines	ह॰ पै॰ Rs. P	SI.No.	Maine of Medicines	ξο Ψ α P.sP.
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(평)	िक रोगीसे पी इत है/था औरसे
	तक मेरे इलाज में है / था:
(c)	that the patient is / was suffering from Tahn, HTN, BHP 185 and is / was under my treatment
	from 22.12. 2015 27.06. 2016
(च)	कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई हैं / धी।
(f)	that the patient is / was not given pre-natal or post-natal treatment.
(छ	कि जिन एक्सरे, प्रयोगदशला जांच आदि के लिए
	थे और वे मेर्रा सलाइ सेमें किये गये थे।
	. । अस्पताल या प्रयोगशाला का नाम)
{p}	that the X-Ray, Laboratory test etc. for which an expenditure of Rs
	was incurred were necessary and were undertaken on my advice at
	(Name of Hospital or Laboratory)
(স)	िक मैंने रोंगी को विशेष परामर्श के िलए डा॰ ^{०००} के पास भजा था
	औरका राज्य के ब्रह्मख प्रशासनिक चिकित्सा अधिकारी
	का नाम नियमों के अनुसार यथापेक्षित आवर्यक अनुमोदन प्राप्त कर दिया गया था।
(h)	that I referred the patient to Dr for specialist
	consultation and that the necessary approval of the
	(Name of the Chief Administrative Medical Officer)
	required under the rules was obtained.
(ਸ.)	कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवस्यक था।
(i)	that the patient did not require / required hospitalisation.

Register, Dent. acc. de C

POLY CLICA

चिकित्सा अविकारी के इस्ताक्षर और पदनाम तथा उस

अस्पताल । चिकित्सालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer and the Hospital/Dispensary to which attached

मारीख Date 11-7-16

विदोव थ्यान दें---जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और पद सभी मामलो में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N B — Certificate not applicable should be struck off. Cettificate 'A' is compulsory and must be filled in by the Medical Officer in all cases.

LIST OF MEDICINE PURCHASED

Bill No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
· · · ·		` , , , , , 	Galvus Met-50/500	60	1,410.00	• •
			Thyronorm-50	100	116.55	
			Urimax-F	30	556.50	
			Tonact-10	30	203.00	
5727	22.12.2015	Dhanwantari Drug House	Rantac-D	30	76.15	
		Č	Livogen	90	259.80	
			Olsar-H 40	30	464.85	
			Lectihep Syrup	200 ml	196.00	
			Lonazep 0.5	20	68.00	3,350.85
			Galvus Met-50/500	60	1,410.00	
			Tonact-10	30	203.00	
			Livogen	90	259.80	
5700	24 04 2040	Photo Carlo Carlo	Lonazep 0.5	30	102.00	
5733	21.01.2016	Dhanwantari Drug House	Urimax-F	30	556.50	
]		Rantac-D	30	76.15	
	ļ :		Olsar-H 40	30	464.85	
			Lectinep Syrup	200 ml	196.00	3,268.30
			Galvus Met-50/500	60	1,410.00	
			Livogen	90	259.80	
			Lonazép 0.5	30	102.00	
5742	20.02.2016	Dhanwantari Drug House	Tonact-10	30	203.00	
			Rantac-D	30	76.00	
			Olsar-H 40	30	464.85	
	i i		Urimax-F	30	556.50	3,072.15
			Galvus Met-50/500	60	1,410.00	
			Thyronorm-50	100	116.55	
			Livogen	90	259.80	
5750	20.032016	Dhaarrahad Darra III.	Tonact-10	30	203.00	
5750	20.032016	Dhanwantari Drug House	Lonazep 0.5	30	102.00	
	•		Rantac-D	30	83.40	
			Olsar-H 40	30 .	464.85	
	i	•	Urimax-F	30	556.50	3,196.10
<u>-</u>		, , , , , , , , , , , , , , , , , , , ,	Galvus Met-50/500 .	60	1,410.00	
			Livogen	90	259.80	
			Lonazep 0.5	30	102.00	
5764	19.04.2016	Dhanwantari Drug House	Tonact-10	30	203.00	
			Olsar-H 40	30	464.85	
			Urimax-F	30	556.50	
			Rantac-D	30	83.40	3,079.55
			Galvus Met-50/500	78	1,833.00	5,5,0.00
			Urimax-F	39	723.45	
			Tonact-10	39	263.89	
57 7 3	17.05.2016	Dhanwantari Drug House	Lonazep 0.5	39	132.60	
			Rantac-D	39	108.42	
			Olsar-H 40	39	604.30	
			Livogen	117	337.73	4,003.39
		TOTA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	I	331.13	
· · · · · · · · · · · · · · · · · · ·	 	ROUNDING			· · · · · · · · · · · · · · · · · · ·	19,970.34
		ROUNDING	J UFF			19,970.00

To THE ADMINISTRATIVE OFFICER, B.B.D. BAG - F DIVISION, STRVICE TAX FCOMMISSIONFRAH, KOLKATA.

Madam,

SUB : Submission of Medical Reimbursement Bill — Case of Smt. Durga Rani Sarkar, Mother of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my mother Smt. Durga Rani Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclor As above (18 Sheets)

Yours faithfully,

Gentzm Smikan 27/11/2016

(GOUTAM SARKAR)

INSPECTOR

RANGE - F, B.B.D.BAG-I DIVISION SERVICE TAX - I COMMISSIONERATE.





form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

GOUTAM SARKAR, INSPECTOR Name and designation of the Government servant (in block letters) Married Whether Married or Unmarried Asst. Teacher, Fathepur Nagendranath If married the place where wife/husband is employed Vidyalaya, Garden Reach, Kolkata Service Tax - I Commisionerate, Kulkata Office in which employed Pay of the Government servant as defined in the Fundamental Rules and Pay Rs. 66,000/any other empluments which should be shown separately Range-I, B.B.D.Bag-I Division, S.Tax-I Place of duty 24/1, Danesh Sk. Lane, P.O. Danesh Sk. Actual residential address Lane, Block - 7./2, Howrah - 711 109 Smt. Durga Rani Sarkar, Mother Name of the patient and his / her relationship to the Government At residence Place at which the patient fell ill Details of the amount claimed: MEDICAL ATTENDANCE: Lees for consultation indicating -The name & designation of medical afficer consulted and the haspital or - : Dr. Manjari Saha, dispensary to which attached M.D.(MEDICINE) Govt. of West Bengal, Poly Clinic, 5. Suburban Hospital Road, Kolkata - 20 The number and dates of consultation and the fee paid for each 02 Consultation on 22.03.2016 & consultation 28.96.2016 Fee Paid Rs. 100 + Rs. 50 = Rs. 150/-The number and dates of injections and the fee paid for each injection At Poly Clinic, 5, Suburban Hospital Road, Whether consultation and/or injections were held at the hospital at the consulting room of the medical officer or at the residence of the patient Kolkata - 700 020. Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating the name of the hospital or laboratory where the tests were undertaken Not applicable Not applicable Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attach Cost of medicines purchased from the market Rs. 7,845/-(List or medicines, cash memos & the essentiality certificate should be attached) -HOSPITAL TEATMENT (H)Name of the Hospital Charges for Hospital Treatment indicating separately the charges for : (State whether it was according to the status or pay of the government servant and in case where the accommodation is higher than 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) Diet iid. Surgical operation or medical treatment of confinement Pathological, hacteriological, radiological or other similar tests indicating The name of the hospital or laboratory at which undertaken Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should he

attached Medicines 🛃 prend Mediones

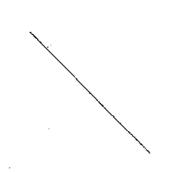
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Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer-incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

d Ambulance charges (State the Journey-to and from undertaken)

Any other charges for electric light, fan, heater, air conditioning etc.

State also whether the facilities normally provided to all patients and no choice was left to the patient.



des: 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) des, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by is rule.

2. If treatment was received at hospital other than a Government Hospital necessary details and the artificate of the authorised medical attendant that the requisite treatment was not available in any nearest overnment hospital should be furnished.

CONSULTATION WITH SPECIALIST -

Fees paid to a specialist or a medical officer other than the authorised 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 consultation and the fee charged for each consultation
- (c) Whether consultation was held at the hospital; at the consulting coomof the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised 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

Lotal Amount Claimed

Less : Advance taken as

Net amount claimed.

Rs. 7,995

Rs. NIL

Rs. 7,995

List of Enclosures

- 1) Essential Certificate: 2) Attested Photocopy of Doctor's Prescription,
- 3) Original Fee Paid & Cash Memo [08 Nos.], 4) List of Medicine Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: 29/11/2016

Gentem Somen

Signature of the Government Servant & Office to which attached

(GOUTAM SARKAR)

INSPECTOR (RANGE-I)

B.B.D.BAG-I DIVISION

SERVICE TAX-I COMMISSIONERATE

जावर्यकता प्रमाणपत्र ESSENTIALITY CERTIFICATE प्रमाणपत्र 'क' / Certificate 'A'

17.10.16 Quel 4088 Received

मेड-103 / Med-103 ······में नियुक्त श्रीमती / श्री / फ़ुमारी····· ·····को दिया गया प्रमाण-पत्र। Certificate granted to Smt. / Shrif Kumari. DURGA RANI SARKAR. yed in the BAD BAK- 1 DIVISION SERVICE TAX-1 COMMISSION GRATE, KOLKATA प्रमाण-पत्र 'क' CERTIFICATE 'A' (उन रोगियों के मामले में भरा जाए जिन्हें ईलाज के लिए अस्पताल में भर्ती नहीं किया गया हो) (To he completed in the case of patients who are not admitted to hospital for treatment) MANJARI SAHA िक मैंने अपने के परामर्श कर्द्ध में / रोगी के निवास स्थान पर (तारीख दी जाए) that I charged and received Rs. 150/a CRs. 100 + Rs. 50) for consultations on . 23.45, 2016 K 28.66, 2016 at my consulting room / at the residence of the patient. (Dates to be given) रेक्षी अयस्तवक इंजेक्सन देने के लिए " """" किए। that I charged and received Rs..... for administering.....intra-muscular sub-outaneous injections on..... at my consulting room / at the residence of the patient. (Dates to be given) कि दिए गए इन्डेक्सन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे : that the injections administered were/were not for immunising or prophylactic purposes. उपरा मुस्ते में दी गई निम्नलिखित आंविषे रोगी की हालत ठीक करने / गंभीर रुप से खराब होने से रोकने के लिए अनिवार्य अस्पताल में प्राइदेट रोगीयों को देने के लिए स्टाक नहीं को जाती और धी। बेऔपरे (अस्पताल का नाम) उसमें दे पटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उत्पलका हैं नहीं वेयोग जो गुरुतः खाद्य श्रंगार सामग्री अथवा निःसंकामक हैं। Gout A W. B., Poly Clinic, 5 Suburban Hospital Road, Kelkatz. 20 That the patient has been under treatment at..... toilets or disinfectants: कीयत कीमत औपधियों का नाम औषधियों का नाप क्रम सं० Price Price Sl No. Name of Medicines Name of Medicines ₹,o As per Annexure

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(ভ)	कि रोगीचे पीड़ित हैं/था औरसे
	तिने भी रहा ज में है / भर
(e)	that the patient is I was suffering from HTM, Dyslipitemic and is I was under
	from 23.03.2016 to 26.09.2016
(ৰ)	कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई हैं। भी।
(f)	that the patient is / was not given pre-natal or post-natal treatment
(3	कि जिन एक्सरे, प्रयोगकाला जांच आदि के जिला
	थे और वे मेरी सलाह सेमें किये गये थे। (अस्पताल या प्रयोगशाला का नाम)
(8)	that the X-Ray, Lahoratory test etc. for which an expenditure of Rs
	(Name of Hospital or Laboratory)
(a)	कि मैंने रोगी को चिलेष परामर्श के लिए हा
	और को पास भजा था को प्रस्ति के प्रसासनिक चिकित्सा अधिकारी
	का नाम ।नयसाक अनुसार यथापीक्षत आयश्यक अनुमोदन प्राप्त कर दिया गया था :
(ħ)	that I referred the patient to Dr
	consultation and that the necessary approval of the
	(traile of the Chief Auministrative Medical Officer)
	required under the rules was obtained.
(\mathcal{H}_i)	कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था ।
(i)	that the patient did not require / required hospitalisation.
	in the second se

Register, Dept. of G. & O Govt. of West Bengal POLY CLINIC

Kolkalo-20 चिकित्सा अग्रिकारी के हस्ताक्षर और पदनेम तथा जस अस्पताल। चिकित्सालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer and the Hospital/Dispensary to which attached

तारीख Date 25-10-16

विशेव ध्यान दें---जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और घर सभी नामलों में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N B -- Certificate not applicable should he struck off. Certificate 'A' is compulsory and must he filled in hy the Medical Officer in all cases.

FORMS CENTRE, Calcutta-54

LIST OF MEDICINE PURCHASED

No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity		Amount
			Atorva-10	30	212.04	
٠.	010010040	Dhanamatari Dana Mayoo	Cetapin XR-1000	30	123.00	
7 51	3/22/2016	Dhanwantari Drug House	Cartigen Duo	30	633.00	ŀ
			Telma AM (40/5)	30	262.80	1,230.84
			Telma AM (40/5)	30	300.00	
	4440/0040	Discourant - David Maria	Cartigen Duo	30	633.00	
765	4/19/2016	Dhanwantari Drug House	Atorva-10	30	212.04	
]			Cetapin XR-1000	30	123.00	1,268.04
	,լ		Atorva-10	38	268.58	
		Dhanwantari Drug House	Telma AM (40/5)	38	380.00	ļ
774	5/17/2016		Cetapin XR-1000	38	155.80	
			Cartigen Duo	38	801.80	1,606.18
			Telma AM (40/5)	30	254.10	
	6/28/2016	Dhanwantari Drug House	Atorva-10	30	212.04	
i789			Cetapin XR-1000	30	123.00	
			Cartigen Duo	30	633.00	
			Amitryn-10	30	75.00	1,297.14
	-		Atorva-10	30	160.35	
· m o p	7/27/2016	6 Dhanwantari Drug House	Cartigen Duo	30	633.00	
579 9			Telmichek AM (40/5)	30	300.00	
			Cetapin XR-1000	30	123.00	1,216.35
***	·		Atorva-10	30	160.35	
	8/24/2016	24/2016 Dhanwantari Drug House	Cetapin XR-1000	30	123.00	
587			Telmichek AM (40/5)	30	310.00	
		1	Cartigen Duo	30	633.00	1,226.35
		GRAND 1				7,844.90
ROUNDING OFF						7,845.00

To THE ADMINISTRATIVE OFFICER, B.B.D. BAG - I DIVISION, SERVICE TAX - 1 COMMISSIONERATE, Kolkata.

Madam,

SUB: Submission of Medical Reimbursement Bill - Case of Sri Biswanath Sarkar, Father of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my father Shri Biswanath Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (27 Sheets)

Yours faithfully,

Gantzm Sankan 18/05/2017

(GOUTAM SARKAR)

SUPERINTENDENT

B.B.D.BAG-I DIVISION

SERVICE TAX — I. COMMISSIONERATE.



Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

1.	Name and designation of the Government servant (in block letters)		
(i)	Whether Married or Unmarried	:	GOUTAM SARKAR, Superintendent
ii)	If married the place where wife/husband is employed	:	Married
,	and place where whey hasband is employed	:	Asst. Teacher, Fathepur Nagendranath
2.	Office in which employed		Vidyalaya, Garden Reach, Kolkata
3.			Service Tax - I Commisionerate, Kolkata
	Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	:	Pay Rs. 66,000/-
_4	Place of duty	:	Range-I, B.B.D.Bag-I Division, S.Tax-I
5.	Actual residential address	:	24/1 Danach Sk Lane DO Day 1 Cl
		•	24/1, Danesh Sk. Lane, P.O. Danesh Sk.
6. 	Name of the patient and his / her relationship to the Government servant	:	Lane, Block - Z/2, Howrah - 711 109 Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill		0 to 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8.	Details of the amount claimed :	<u>:</u>	At residence
(1)	MEDICAL ATTENDANCE :		
i)	Fees for consultation indicating –		
(a)	The name & designation of medical officer consulted and the hospital or		
1-7	dispensary to which attached	:	Dr. Manjari Saha,
	•		M.D.(GENERAL MEDICINE)
			Govt. of West Bengal, Poly Clinic,
			5, Suburban Hospital Road, Kolkata – 20
(b)	The number and dates of consultation and dates		
(~)	The number and dates of consultation and the fee paid for each consultation	:	02 Consultation on 28.06.2016 &
			20.12.2016
			Fee Paid (Rs. 100 + Rs. 50/-)
	•		= Rs. 150/-
(c)	The number and dates of injections and the fee paid for each injection		
(d)	Whether consultation and/or injections were held at the hospital at the	:	NIL
1,	consulting room of the medical officer or at the residence of the patient	:	At Poly Clinic, 5, Suburban Hospital Road,
(ii)	Charges for pathological, bacteriological, radiological or other similar		Kolkata - 700 020.
77	tests undertaken during diagnosis indicating		•
(a)	The name of the hospital or laboratory where the tests were undertaken		*Notarallari
(b)	Whether the tests were undertaken on the advice of the authorised	•	Not applicable
	medical attendant. If so, a certificate to that effect should be attach	•	Not applicable
(c)	Cost of medicines purchased from the market	:	Rs. 29,824/-
	(List of medicines, cash memos & the essentiality certificate should be attached)	-	10. 27,024/-
(u)	HOCOITAL TEATHERS		•
(11)	HOSPITAL TEATMENT:		
	Name of the Hospital		

Charges for Hospital treatment indicating separately the charges for :

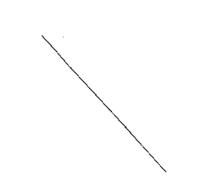
Accommodation i)

(State whether it was according to the status or pay of the government servant and in case where the accommodation is higher than 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)
- Surgical operation or medical treatment of confinement (iii)
- Pathological, bacteriological, radiological or other similar tests indicating (iv)
 - The name of the hospital or laboratory at which undertaken
 - Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, certificate to that effect should be

Medicines

- Special Medicines
- Ordinary nursing
- Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer- incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
- Ambulance charges (State the Journey-to and from undertaken) (ix)
- Any other charges for electric light, fan, heater, air conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.



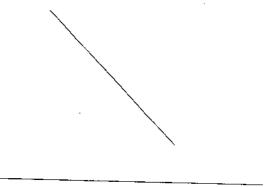
Notes: 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by

2. If treatment was received at hospital other than a Government Hospital necessary details and the Certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

CONSULTATION WITH SPECIALIST - $\langle 111 \rangle$

Fees paid to a specialist or a medical officer other than the authorised 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 consultation and the fee charged for each consultation
- (c) Whether consultation was held at the hospital, at the consulting room $\cdot\cdot$: of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised 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



Total Amount Claimed

Less : Advance taken as

Net amount claimed

ιο.

Rs. 29,974

: Rs. NIL

: Rs. 29,974

List of Enclosures

Essentiality Certificate; 2) 'Attested Photocopy of Doctor's Prescription (2 Nos.), 3) Original Fee Paid & Cash Memo [11 Nos.], 4) List of Medicine Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

late: 18/05/2017

Goutam Sankanjestuit

Signature of the Government Servant & Office to which attached

> (GOUTAM SARKAR) SUPERINTENDENT B.B.D.BAG-I DIVISION SERVICE TAX-I COMMISSIONERATE

जावश्यकता प्रमाणपत्र ESSENTIALITY CERTIFICATE

6028 III 14.

प्रमाणपत्र 'क' / Certificate 'A' मेड-103 / Med-103 में नियुक्त श्रीमती / श्री / कुमारी । पुत्र । पुत्री श्री " " को दिया गया प्रमाण-पुत्र । loyed in the SERVICE TAX-I GAMMITE I KOLKATA प्रमाण-पत्र 'क' CERTIFICATE 'A' (उन रोगियों के मामले में भरा जाए जिन्हें ईलाज के लिए अस्पताल में भर्ती नहीं किया गया हो) (उन राज्या क मामल म नरा भार । जन र राज्या क साथ । जन र राज्या क मामल म नरा भार । जन र ता विकास के द्वारा प्रमाणित करता हूँ :— ा• শ ANJARI SAHA के परामर्श कक्ष में / रोगी के निवास स्थान पर (नारीख दी जाए) की ाक मन अपन क परामश कदा म । रावा क ानचात स्थान नर र गाराच्य पा नगर। र नगर। र स्थाप प्रमासित किए और प्राप्त किए। परामश के लिए that I charged and received Rs. 150/2 (Rs. 100 1 Rs. 50) for consultations on 28:06. 2016 & 20. 12. 2016 at my consulting room | at the residence of the patient. ्रा प्रकृत अवस्थान प्रमुख । एद् । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थित । क्ष्यू का स्थाप । क्ष्यू का स्थित । क्ष्यू का स्थाप । क्ष्यू का स्य for administering.....intra-muscular sub-cutaneous injections on..... at my consulting room / at the residence of the patient. (Dates to be given) ि कि दिए गए इन्जेक्सन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे : that the injections administered were/were not for immunising or prophylactic purposes. ा mat the injections administered were were not to minimum or prophytiaetic purposes.

ह) कि रोगी का इलाज हारा नुस्ते में दी गई निम्नहिखित औषधे रोगी की हालत ठीक करने । गंभीर रूप से खराव होने से रोकने के लिए अनिवाय अस्पताल में प्राइवेट रोनीयों को देने के लिए स्टाक नहीं की जाती और धी। ये औपरे उसमें वे पटेंट एकायत योग शाभिल नहीं हैं जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपनव्य हैं नहीं वे योग जो मूलतः खाद्य श्रुंगार सामग्री अथवा निःसंक्रामक हैं। Govt-Aura, fely Clinic, S. Schurban Hespital Read, Kliketan De 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. for the 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 fuods, toilets or disinfectants : कीमत औपधियों का नाम Price कीमत क्रम सं० Price औषधियों का नाम Name of Medicines क्रन सं० Sl. No. Name of Medicines 31. No. 6 1 7. .3

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कु॰ पृ॰ ह॰ / P. T. O.

1	^(ङ) कि रोगी ·····	
	(ङ) कि रोगीचे पीहित है/था और	**********
(चे पीहित है/था और	A
	from 28 CT 2016 from 12 DM, HTN GHE 18	Samuel and in the
(=	from 28.66.2016 10 27.03.2017 19 (表 1) 春 計劃 春 可思 19 2017	was under my treatment
c	च) कि रोगों की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई हैं / थी।	
(হ	कि जिल्ला करें के अब not given pre-natal or post-natal treatme	nt.
	थे और वे मेरी सलाइ से	••••••• ਰਾਹੇ ਸ਼ਕਦੇ ਗਿਆ ਹੈ •==
(p	(अस्पताल या प्रयोगशाला का नाम)	येथे।
	Lungiatory test at 5	? e
	were necessary and were undertaken on my advice	of
(ज	\ NAME OF Hospital and the	Abiese tweeter contract section contract contrac
	और	5406001605000000000000000000000000000000
	का नाम नियमों के अनुसार गुणारेकिन	का राज्य के प्रस्तव प्रकारिक के
(h)	The vice patient is the	
	consultation and that the necessary approval of the (Name of the Chief Administrative Medical O	Torrest to the same to the set of the Emporation
	(Name of the Chief Administrative Medical O	apecialist
(n=1		fficer)
(事) ()	कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।	
(i)	that the patient did not require / required hospitalisation.	
		77

Register, Dept. of G. & O Govt. of West Bengal POLY CLINIC Kolkata-20

नारीख milia Date 26/4/17.

चिकित्सा अधिकारी के हस्ताक्षर और पदनाम तथा ऊस अस्पताल । चिक्तिसालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer

and the Hospital/Dispensary to which attached विदेव ध्यान दें--जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र के अनिवार्य है। और घर सभी मामलों में विकित्सा

N B - Certificate not applicable should be struck off. Cettificate 'A' is compulsory and must be filled in hy FORMS CENTRE, Calcutta-54

LIST OF MEDICINE PURCHASED Amount Amount Name of the Medicine Quantity Medicine purchased from 'l Date 1,410.00 60 Galvus Met-50/500 95.55 100 Thyronorm-50 **556**.50 30 ปrimax-F 203.00 30 Tonact-10 Dhanwantari Drug House 5788 28.06.2016 83.40 30 Rantac-D 90 285.00 Livogen 30 351,00 Olmesar-A (20/5) 3,180.45 196.00 200 ml Lectihep Syrup 1,549.80 60 Galvus Met-50/500 556.50 **Urimax-F** 30 203.00 30 Tonact-10 30 351.00 Olmesar-A (20/5) Dhanwantari Drug House 5798 27.07.2016 200 ml 196.00 Lectihep Syrup 90 285.00 Livogen 3,224.70 83.40 Rantac-D 30 Galvus Met-50/500 60 1,410.00 Olmesar-A (20/5) 30 351.00 160.00 30 Tonact-10 30 556.50 24.08.2016 Dhanwantari Drug House Urimax-F 5806 285.00 90 Livoge<u>n</u> 30 83.40 Rantac-D 3,041.90 196.00 200 ml Lectihep Syrup 1,549.80 Galvus Met-50/500 60 834,75 30 **Urimax-F** 83.40 30 Rantac-D 30 160.00 Tonact-10 Dhanwantari Drug House 5825 25.09.2016 351.00 30 Olmesar-A (20/5) 285.00 90 _ivogen 100 95.55 l'nyronorm-50 3,555.50 196.00 200 ml Lectihep Syrup Galvus Met-50/500 1,549.80 60 30 160.00 Tonact-10 83.40 30 Rantac-D 556.50 30 Urimax-F Dhanwantari Drug House 5834 25.10.2016 351.00 30 Olmesar-A (20/5) 285.00 90 Livogen 3,181.70 200 ml 196.00 Lectinep Syrup 1,291.50 Galvus Met-50/500 50 25 133.30 Tonact-10 69.50 25 Rantac-D 25 292.50 Olmesar-A (20/5) Dhanwantari Drug House 23,11,2016 5841 75 237.49 Livogen 25 463.75 Urimax-F 2,684.04 200 ml 196.00 Lectinep Syrup 1,549.80 Galvus Met-50/500 60 95.55 100 Thyronorm-50 556.50 30 Urimax-F 160.00 30 Tonact-10 30 83.40 Rantac-D Dhanwantari Drug House 5847 20.12.2016 30 516.00 Olmesar-A (20/5) 90 95.00 Livogen 142.05 30 Ditide 3,394.30 196.00 200 ml Lectihep Syrup 1,549.80 60 Galvus Met-50/500 160.00 30 Tonact-10 30 516.00 Olmesar-A (20/5) 30 142.05 Ditide Dhanwantari Drug House 21.01.2017 5852 90 95.00 Livogen 30 83.40 Rantac-D 200 ml 196.00 Lectihep Syrup 3,354.25 612.00 30 Urimax-F 1,963.08 Galvus Met-50/500 76 38 116.14 Rantac-D 179.93 Ditide 38 38 653.60 Olmesar-A (20/5) Ohanwantari Drug House 5860 20.02.2017 Tonact-10 38 202.66 120.33 114 Livogen 775.20 38



To THE ADMINISTRATIVE OFFICER, B.B.D. BAG - I DIVISION, SERVICE TAX - I COMMISSIONERATE, KOLKATA.

Madam,

SUB: Submission of Medical Reimbursement Bill - Case of Smt. Durga Rani Sarkar, Mother of Shri Goutam Sarkar, Inspector, Range-I, B.B.D. Bag-I Division, Service Tax-I Commissionerate.

I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed Med-97 Form for the treatment of my mother Smt. Durga Rani Sarkar, who is dependent upon me, for favour of necessary action and kind sanction please.

Enclo: As above (22 Sheets)

Yours faithfully,

Gentam Sonkon

(GOUTAM SARKAR) SUPERINTENDENT

B.B.D.BAG-I DIVISION

SERVICE TAX — L COMMISSIONERATE.





Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and / or treatment of Central Government Servants and their families

	Name and designation of the Government servant (in block letters)	;	GOUTAM SARKAR, Superintendent
(i)	Whether Married or Unmarried	:	Married
ši)	If married the place where wife/husband is employed	;	Asst. Teacher, Fathepur Nagendranath
			Vidyalaya, Garden Reach, Kolkata
	Office in which employed	;	Service Tax – I Commisionerate, Kolkata
	Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	:	Pay Rs. 66,000/-
	Place of duty	:	Range-I, B.B.D.Bag-I Division, S.Tax-I
	Actual residential address	:	24/1, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109
	Name of the patient and his / her relationship to the Government servant	;	Smt. Durga Rani Sarkar, Mother
-	Place at which the patient feli ill	:	At residence
	Details of the amount claimed :		
)	MEOICAL ATTENOANCE:		
i)	Fees for consultation indicating –		
(a)	The name & designation of medical officer consulted and the hospital or dispensary to which attached	:	Dr. Manjari Saha, M.D.(MEDICINE) Govt. of West Bengal, Poly Clinic, S, Suburban Hospital Road, Kolkata – 20
(b)	The number and dates of consultation and the fee paid for each consultation	:	01 Consultation on 27.09.2016 Fee Paid = Rs. 100/-
(c)	The number and dates of injections and the fee paid for each injection		NIL
(d)	Whether consultation and/or injections were held at the hospital at the consulting room of the medical officer or at the residence of the patient	;	At Poly Clinic, 5, Suburban Hospital Road, Kolkata – 700 020.
ii)	Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating		
(a)	The name of the hospital or laboratory where the tests were undertaken	:	Not applicable
(b)	Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attach	:	Not applicable
(c)	Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be attached)	:	Rs. 9,360/-
.1}	HOSPITAL TEATMENT :		•
. 1)	Name of the Hospital	:	
	Charges for Hospital treatment indicating separately the charges for :	•	
			\

(State whether it was according to the status or pay of the government servant and in case where the accommodation is higher than 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)

Diet (ii)

Surgical operation or medical treatment of confinement

Pathological, bacteriological, radiological or other similar tests indicating (iv)

(s) The name of the hospital or laboratory at which undertaken

Whether undertaken on the advice of the medical officer in charge of : the case at the hospital. If so, certificate to that effect should be

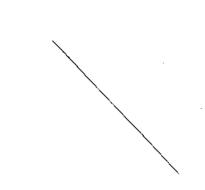
Medicines

Special Medicines

Ordinary nursing

- Special nursing i.e. nurses, specially engaged for the patient. State whether they were employed on the advice of the medical officer- incharge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
- (ix) Ambulance charges (State the Journey-to and from undertaken)

(x) Any other charges for electric light, fan, heater, air conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.



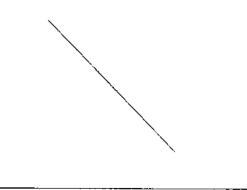
lotes: 1. If the treatment was received by the Government servant at his residence under rule 7 of the C.S.(M.A.) rules, 1944 give particulars of such treatment and attach a certificate from the medical attendant as required by his rule.

2. If treatment was received at hospital other than a Government Hospital necessary details and the lertificate of the authorised medical attendant that the requisite treatment was not available in any nearest-lovernment hospital should be furnished.

II) CONSULTATION WITH SPECIALIST -

Fees paid to a specialist or a medical officer other than the authorised 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 consultation and the fee charged for each consultation
- (c) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised 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



- Total Amount Claimed
- 10. Less: Advance taken as
- Net amount claimed

- Rs. 9,460
- Rs. NIL
- : Rs. 9,460

List of Enclosures

- 1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription,
- 3) Original Fee Paid & Cash Memo [09 Nos.], 4) List of Medicine

Purchased.

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: 18)05/2017

Centum Son KM (8) 05/2017

Signature of the Government Servant
& Office to which attached
(GOUTAM SARKAR)
SUPERINTENDENT

B.B.D.BAG-1 DIVISION

SERVICE TAX-I COMMISSIONERATE

14

जावस्यकता प्रमाणपत्र ESSENTIALITY CERTIFICATB प्रमाणपत्र 'क' / Certificate 'A'

प्रमाणपत्र	'an' / Certific	ate A	मेड-103 /	Med-103
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for consultations on	त्य पर १ तारीख दी ।	जाए)*****		
ा कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थानत: पेक्षी अपस्तवक इंजेक्शन देने के लिए	and all transfers		रुपये प्रभारित किए	और प्राप्त किए।
न्तः पेधी अथस्तवक इंजेक्शन देने के लिए				******
b) that I charged and received Rs	intra	muscular i	sub-cutaneous injections.on	0.1 0.1 1
न्तः पेक्षी अपस्तवक इंजेक्शन देने के लिए b) that I charged and received Rs	at my	consultin	ig room / at the residence o	the patient.
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व) कि दिए गए इंन्जेक्सन्स रोगक्षमता या रोग निरोध er that the injections administered were/v	vere not for imm	junising or	prophylaetic pulposes.	इस सन्दर्भ में मेरे
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मूलतः जार्च श्रुंगार सामग्री अथवा निःसकामक । (d) That the patient has been under trea my consulting room and that the	tment at	d medicir	es prescribed by me in the	nis connection
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í.	प्री हित है/था और
,	that the patient is / was suffering from HTH / Dyshiphamia and is / was under my treatment) कि रोगी की क्या प्रांतिक कि क्या प्रांतिक कि to .06.03. 2017
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(छ	कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए
(2)	(अस्पताल या प्रयोगशाला का नाम । that the X-Ray I shows
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(অ)	कि मैंने रोगी को निरोष परामर्श के लिए डा॰
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(h)	and the patient to the
	Consultation and that the necessary approval of the
	required under the rules was obtained
(म,)	कि रोगी का अस्पताल में रखना भावट्यक नहीं था । अस्पताल
(i)	that the patient did not require / required hospitalisation.

चिक्तिसा अधिकारी के इस्ताक्षर और पदनाम तथा जस ं अस्पताल । चिकित्सालय का नाम जिसमें सम्बंध है

Signature and Designation of the Medical Officer and the Hospital/Dispensary to which attached

विशेव ध्यान दें — जो प्रमाण-पत्र लागु न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और घर सभी मामलों में चिकित्सा

N B - Certificate not applicable should be struck off. Certificate 'A' is compulsory and must be filled in by FORMS CENTRE, Calcutta-54

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICINE PURCHASED	Quantity	Amount	Amount
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ine de	Acvae	Cetapin XR-1000	30	666.00	
非常的	A STATE OF THE STA	Cal Aid	10	153.00	İ
		Xtor 10	10	70.80	\ -
120 ON 110 100 ON 110 ON 110	an Blue Print	Aculip 10	10	72.00	450.80
T		Tazioc AM (40/5)	10	155.00	450.00
A de la marcia de la		Xtor 10	20	107.40	
		Tazloc AM (40/5)	20	189.00	ļ
04 10 2015	Dhanwantari Drug House	Cal Aid	20	316.00	204.60
14111 19210-4-1-4		Aculip 10	20	79.20	691.60
		Cartigen Duo	30	666.00	
		Xtor 10	30	161.10	ı
		Tazloc AM (40/5)	30	283.50	
25.10.2016	Dhanwantari Drug House	Cal Aid	30	474.00	
		Aculip 10	30	118.80	1,703,40
i		Cal Aid	30	474.00	
	-	Cal Aid	30	283.50	
		Tazloc AM (40/5)	30	666.00	
23.11.2016	Dhanwantari Drug House	Cartigen Duo	30	161.10	
		Xtor 10	30	118.80	1,703.40
		Aculip 10	30	283.50	
		Tazloc AM (40/5)	30	666.00	
		Cartigen Duo		474.00	
20.12,2016	Dhanwantari Drug House	Cal Aid	30	161.10	
20.12.2010	Bright and Francisco	Xtor 10	30	118.80	1,703.40
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21.01.2017	Dhanwantan Ding House	Cal Aid	30	474.00	1,703.40
		Xtor 10	30	161.10	1,703.40
		Cartigen Duo	33	732.60	
1		Tazloc AM (40/5)	33	311.85	
	D. Company House	Cal Aid	33	521.40	
20.02.2017	02.2017 Dhanwantari Drug House	Aculip 10	33	130.68	4 630 3
1		Xtor 10	33	177.21	1,873.74
		OTAL			10,495.7
			20	444.00	
		Cartigen Duo	20	189.00	
	Ditally and	Tazloc AM (40/5)	20	316.00	
: Medicine		Cal Aid	20	79.20	
Returned	1	Aculip 10	20-	107.40	1,135.6
	<u>·</u>	Xtor 10		107,40	9,360.1
		ND TOTAL		<u> </u>	9,360.0
		NDING OFF			9,300.0