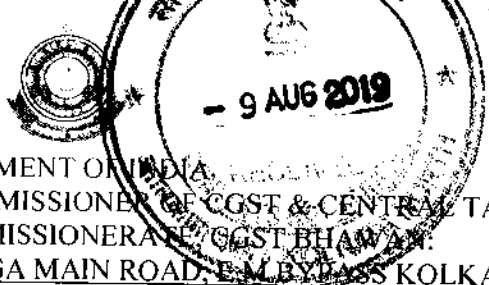


Sumit
Samir
9/8/19



9298
09/08/19

GOVERNMENT OF INDIA
OFFICE OF THE PRINCIPAL COMMISSIONER OF CGST & CENTRAL TAX:
KOLKATA-NORTH COMMISSIONERATE, CGST BHAWAN,
1ST FLOOR: 180, SHANTIPALLY, RAJDANGA MAIN ROAD, E.M. BYPASS KOLKATA-700107

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

Dated: -

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/Kol-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,

gdt

(Samiran Roy)
CPIO & Assistant Commissioner
CGST: Kol-North Comm'te

C. No. As above / *13523*

Copy forwarded for information to: -

Dated: 9 AUG 2019

- 1. The Assisnat 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 ^{forty six (46)} three sheets).
- 2. The CPIO & Assistant Commissioner, CCO, O/o the Pr. Chief Commissioner CGST & CX, Kolkata Zone.

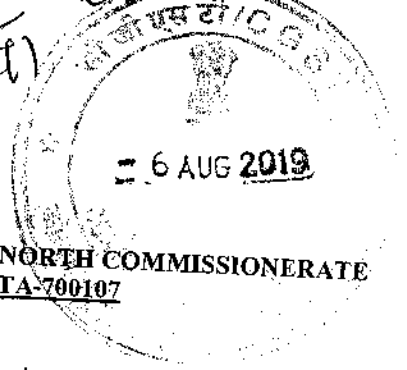
Samiran Roy
(Samiran Roy) *8/8/19*

CPIO & Assistant Commissioner
CGST: Kol-North Comm'te.

8959
06/08/19



Supdt (AT)



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/2017
13150

Dated:

6 AUG 2019
Shri P. N. Das, Supdt -
P. 07/08

To,
The CPIO & Assistant Commissioner,
HQ, RTI Cell,
CGST : Kol- North Commissionerate.

Sir,

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

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

In this connection it is intimated that as per available records, the Medical Claim bills mentioned in serial no. 1(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 be treated as 'NIL'.**

Yours faithfully,

AD
06/08/19

(Aditya Das)
Chief Accounts Officer
CGST & CX, Kolkata North Comm'te

7977
26/07/19



Sanjiv
26/7/19
Most Urgent
RTI Matter

भारत सरकार
GOVERNMENT OF INDIA
प्रधान मुख्य आयुक्त का कार्यालय
OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER
केन्द्रीय वस्तु एवं सेवा कर, कोलकाता क्षेत्र
CENTRAL GOODS AND SERVICES TAX AND CENTRAL EXCISE, KOLKATA ZONE
केन्द्रीय वस्तु एवं सेवा कर भवन, दूसरा तल, 180, शांतिपल्ली, अर. बी. कनेक्टर, कोलकाता - 700 107
GST Bhawan (2nd Floor), 180 Shanti Pally, R. B. Connector, Kolkata - 700 107
Phone No. 033-2441-6797/6842; Fax No. 033- 2441-6834/6798

F. No. V (30)158/Pr. CCO/CGST&CX/RTI/July-19/Kol/12911-12 Date: 26.07.2019

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

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

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.

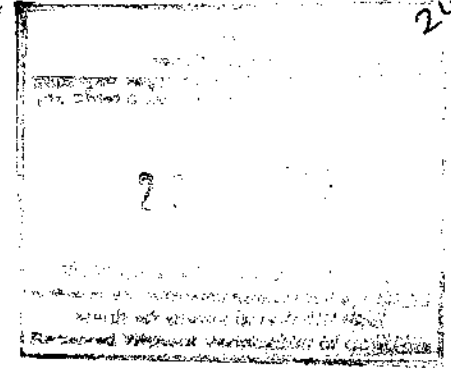
P. Blawmick
25/7/19
CPIO & Assitant Commissioner,
CCO, Kolkata Zone

111/RTI/Kol-North/19
20.07.2019

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.

MOST URGENT
 RTI Matter.

24/7/19



Sir,

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 transferred 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 information given by the then D.D.O., copy enclosed). The details of the Medical Reimbursement Claims are given below :

Sl. No.	Submitted to	Submission Date	Treatment of	Treatment for the period		Bill Amount	Copy of bill enclosed in Annexure
				From	To		
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	08-03-2015	22,293	Annex- 'A'
2	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	Durga Rani Sarkar	26-06-2014	08-03-2015	3,587	Annex- 'B'
3	S.Tax, B.B.D. Bag-I Division	02-02-2016	Biswanath Sarkar	16-06-2015	21-12-2015	18,496	Annex- 'C'
4	S.Tax, B.B.D. Bag-I Division	23-05-2016	Durga Rani Sarkar	22-12-2015	21-03-2016	3,709	Annex- 'D'
5	S.Tax, B.B.D. Bag-I Division	29-08-2016	Biswanath Sarkar	22-12-2015	27-06-2016	20,070	Annex- 'E'
6	S.Tax, B.B.D. Bag-I Division	29-11-2016	Durga Rani Sarkar	22-03-2016	26-09-2016	7,995	Annex- 'F'
7	S.Tax, B.B.D. Bag-I Division	19-05-2017	Biswanath Sarkar	28-06-2016	27-03-2017	29,974	Annex- 'G'
8	S.Tax, B.B.D. Bag-I Division	19-05-2017	Durga Rani Sarkar	27-09-2016	07-03-2017	9,460	Annex- 'H'
					TOTAL	1,15,584	

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.

I 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.

- Encl.: 1. Photocopy of Receipt of 08 Claims.
2. Postal Order No. 00G 606591
dated 16.03.2019 amounting Rs. 20/-

Yours faithfully,

Goutam Sarkar
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

ANNEXURE - "A"

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

Madam,

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.

Encl: As above (34 Sheets)

Yours faithfully,

Goutam Sarkar
19/08/2015

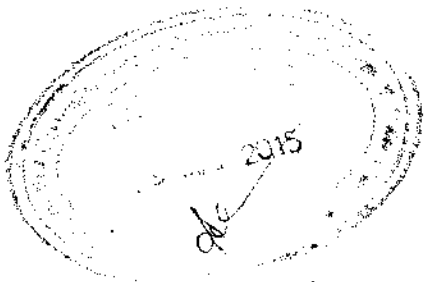
(GOUTAM SARKAR)

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 and their families

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	: Central Excise, Kolkata-V Commissionerate
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
6.	Name of the patient and his / her relationship to the Government servant	: Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill	: At residence
8.	Details of the amount claimed :	
(I)	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
(b)	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	: 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. 22,143/-
(II)	HOSPITAL TREATMENT :	
	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)	:
(ii)	Diet	:
(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-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) 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 certificate to that effect should be attached :

9. Total Amount Claimed : **Rs. 22,293**
10. Less : Advance taken as : **Rs. NIL**
11. Net amount claimed : **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 of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: 08/05/2015

Goutam Sarkar
Signature of the Government Servant
& Office to which attached
GOUTAM SARKAR
Inspector, Hdqrs (Technical)
Central Enrolment & V Committee
180, Shantabai, Rajdanga Main Road,
Kolkata-700 157

1987
30.3.15

1787

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

मेड-103 / Med-103

में नियुक्त श्रीमती / श्री / कुमारी

पत्नी / पुत्र / पुत्री श्री को दिया गया प्रमाण-पत्र।

Certificate granted to Srmt. / Sbrri / Kumari BISWANATH SARKAR
Father of Smt. / Sbrri / daughter of Shri SOUTAM SARKAR
employed in the Central Excise, Kolkata & Commissionerate

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती नहीं किया गया हो।)

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

में, डा. इसके द्वारा प्रमाणित करता हूँ :-

1. Dr. The Registrar (Treated under Dr. Sujoy Panchadhyayee) hereby certify :-

क कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की

परामर्श के लिए रुपये प्रभारित किए और प्राप्त किए।

(a) that I charged and received Rs. 100 + Rs. 50 = Rs. 150/-
for consultations on 26.06.2014 & 30.10.2014 at my consulting room / at the residence of the patient.

(Dates to be given)

(ख) कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की

अन्तः पेशी अथवा अन्तः त्वक इंजेक्शन देने के लिए रुपये प्रभारित किए और प्राप्त किए।

(b) that I charged and received Rs. X

for administering X intra-muscular sub-cutaneous injections on

at my consulting room / at the residence of the patient.

(Dates to be given)

(घ) कि दिए गए इन्जेक्शन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे:

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

(घ) कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे

द्वारा नुस्खे में दी गई निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य

थी। ये औषधे अस्पताल में प्राइवेट रोगीओं को देने के लिए स्टॉक नहीं की जाती और

(अस्पताल का नाम)

उसमें वे पर्टेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मात्र के सरते द्रव्य उपलब्ध हैं न ही वे योग जो मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं।

(d) That the patient has been under treatment at Govt. A. B. Poly Clinic, 5, Sulawhan Hospital Road, Kolkata-20 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 Hoepital) Poly Clinic, 5, Sulawhan Hospital Road, Kol-20 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 disinfectants :

क्रम सं० Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं० Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु० Rs.	पै० P.			रु० Rs.	पै० P.
1	As per enclosed sheet			6			
2				7			
3				8			
4				9			
5				10			

- (द) कि रोगी से पीड़ित है/था और
..... तक मेरे इलाज में है / था :
- (e) that the patient is / was suffering from T2DM, HTN, GHP, IRS and is / was under my treatment
from 26.06.2014 to 08.03.2015
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई है / थी ।
- (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए हफ्ते खर्च किए वे आवश्यक
थे और वे मेरी सलाह से में किये गये थे ।
(अस्पताल या प्रयोगशाला का नाम)
- (ए) 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..... के पास भजा था
और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी
का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था ।
- (ह) that I referred the patient to Dr..... for specialist
consultation and that the necessary approval of the as
(Name of the Chief Administrative Medical Officer)
required under the rules was obtained.
- (झ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था ।
- (i) that the patient did not require / required hospitalisation.


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

A-000

नारीख
Date

चिकित्सा अधिकारी के हस्ताक्षर 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

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क' अनिवार्य है, और यह 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 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
3845	26.06.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	2,732.09
			Olsar-H 20	30	256.50	
			Tonact-10	30	186.00	
			Thyronorm-50	100	112.73	
			Urimax-F	30	462.00	
			Drego-D	30	204.00	
			Softeron	60	107.16	
			Supermet XL 25	30	83.70	
3886	25.07.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	2,628.20
			Olsar-H 20	30	256.50	
			Tonact-10	30	186.00	
			Urimax-F	30	462.00	
			Drego-D	30	204.00	
			Softeron	60	116.00	
			Supermet XL 25	30	83.70	
3922	26.08.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	2,619.36
			Tonact-10	30	186.00	
			Urimax-F	30	462.00	
			Drego-D	30	204.00	
			Olsar-H 20	30	256.50	
			Softeron	60	107.16	
			Supermet XL 25	30	83.70	
3946	21.09.2014	Dhanwantari Drug House	Galvus Met-50/1000	72	1,584.00	337.17
			Tonact-10	36	236.39	
			Drego-D	36	244.80	
			Softeron	72	142.99	
			Supermet XL 25	36	100.44	
			Urimax-F	36	608.40	
			Disar-H 20	36	307.80	
			Thyronorm-50	100	112.35	
3963	30.10.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	2,694.00
			Olsar-H 20	30	256.50	
			Urimax-F	30	507.00	
			Tonact-10	30	197.00	
			Rabium DSR	30	192.00	
			Supermet XL 25	30	91.50	
			Softeron	30	62.00	
			Pan MPS	120 ml.	68.00	
3964	30.10.2014	Dhanwantari Drug House	Zofar MD-4	14	69.97	619.97
			D.Protin	500 gm	550.00	
3996	29.11.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	3,176.00
			Urimax-F	30	507.00	
			Olsar-H 20	30	256.50	
			Tonact-10	30	197.00	
			Rabium DSR	30	192.00	
			Softeron	30	62.00	
			Supermet XL 25	30	91.50	
			D.Protin	500 gm	550.00	
4506	26.12.2014	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	3,172.00
			Tonact-10	30	197.00	
			Urimax-F	30	507.00	
			Rabium DSR	30	192.00	
			Disar-H 20	30	256.50	
			Softeron	30	58.00	
			Supermet XL 25	30	91.50	
			D.Protin	500 gm	550.00	
					Bal. C/F	17,978.79

Goutami Sarkar
03/10/2015

GOUTAMI SARKAR

Bill No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
					Bal. B/F	17,978.79
4525	31.01.2015	Dhanwantari Drug House	Galvus Met-50/1000	60	1,320.00	3,176.00
			Tonact-10	30	197.00	
			Urimax-F	30	507.00	
			Rabium DSR	30	192.00	
			Olsar-H 20	30	256.50	
			Softeron	30	62.00	
			Supermet XL 25	30	91.50	
D.Profin	500 gm	550.00				
4527	31.01.2015	Dhanwantari Drug House	Thyronorm-50	100	112.35	112.35
4536	22.02.2015	Dhanwantari Drug House	Galvus Met-50/1000	20	440.00	875.79
			Urimax-F	10	169.00	
			Olsar-H 20	10	85.50	
			Tonact-10	10	65.66	
			Rabium DSR	10	64.00	
			Softeron	10	21.13	
			Supermet XL 25	10	30.50	
TOTAL						22,142.93
ROUNDING OFF						22,143.00

Goutam Sarkar
05/05/2015

GOUTAM SARKAR
Inspector, Excise (Technical)
Central Excise, Kolkata-V Comm'te
180, Shantipally, Rajdanga Main Road.
Kolkata-700 107

ANNEXURE - "B"

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.

Encl: As above (27 Sheets)

Yours faithfully,

Goutam Sarkar
19/05/15

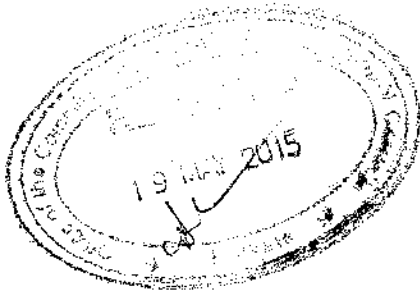
(GOUTAM SARKAR)

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 and their families

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	: Central Excise, Kolkata-V Commisionerate
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
6.	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
8.	Details of the amount claimed :	
(i)	MEDICAL ATTENOANCE :	
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
(b)	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	: 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. 3,437/-
(ii)	HOSPITAL TREATMENT :	
	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)	:
(ii)	Diet	:
(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	:

- (vi) Special Medicines :
- (vii) Ordinary nursing :
- (viii) Special nursing i.e. nurses, 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) 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 certificate to that effect should be attached :

- 9. Total Amount Claimed : Rs. 3,587
- 10. Less : Advance taken as : Rs. NIL
- 11. Net amount claimed : Rs. 3,587

- 12. List of Enclosures : 1) Essential Certificate; 2) Attested Photocopy of Doctor's Prescription, 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 that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: 05/05/15

Goutam Sarkar
Signature of the Government Servant
& Office to which attached
GOUTAM SARKAR
Inspector, Hdqs. (Technical)
Central Excise, Kolkata-V Comm'te
180, Shantipur, Rajendra Main Road.
Kolkata-700 107

आवश्यकता प्रमाणपत्र
QUALITY CERTIFICATE
 प्रमाणपत्र 'क' / Certificate 'A'

मेड-103 / Med-103

पत्नी / ... में नियुक्त श्रीमती / श्री / कुमारी
 को दिया गया प्रमाण-पत्र।
 .../Kumari **DURGA RANI SARKAR**
 .../Goutam **SARKAR**
 .../Kolkata & Commissionerate

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

... (के मामले में या जाए जिन्हें ईलाज के लिए अस्पताल में भर्ती नहीं किया गया हो)।
 ... case of patients who are not admitted to hospital for treatment)
 ... इसके द्वारा प्रमाणित करता हूँ :-
 ... (Dr. Sujoy Panchadhyayya) hereby certify :-
 ... / रोगी के निवास स्थान पर (तारीख दी जाए)

... की परामर्श के लिए ... रुपये प्रभारित किए और प्राप्त किए।
 ... received Rs. 100 + Rs. 50 = Rs. 150/-
 ... 26.06.2014 & 30.10.2014 at my consulting room / at the residence of the patient.
 (Dates to be given)

... की परामर्श के लिए ... रुपये प्रभारित किए और प्राप्त किए।
 ... received Rs. ...
 ... at my consulting room / at the residence of the patient.
 (Dates to be given)

... की परामर्श के लिए ... रुपये प्रभारित किए और प्राप्त किए।
 ... received Rs. ...
 ... at my consulting room / at the residence of the patient.
 (Dates to be given)

... कि दिए गए इन्जेक्शन रोकप्रति या रोग निरोध के लिए थे / नहीं थे :
 ... that the injections administered were/were not for immunising or prophylactic purposes.
 ... अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे
 ... रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य
 ... अस्पताल में प्राइवेट रोगीयों को देने के लिए स्वाक नहीं की जाती और

(अस्पताल का नाम)
 ... उसमें वे पेट्टे एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा नाम के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो
 ... मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं।
 ... That the patient has been under treatment at ... hospital/
 ... my consulting room and that the undermentioned medicines prescribed by me in this connection
 ... were essential for the recovery/prevention of serious deterioration in the condition of the patient.
 ... The medicines are not stocked in the (Name of the Hospital) ...
 ... for 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 disinfectants :

सं. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु. Rs.	पै. P.			रु. Rs.	पै. P.
				6			
				7			
				8			
				9			
				10			

As per enclosed sheet

- (क) कि रोगी से पीड़ित है/था और तक मेरे इलाज में है / था :
 (e) that the patient is / was suffering from HTN, Dyslipidemia, Diabetic and is / was under my treatment
 from 26.06.2014 to 08.03.2015
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मोत्तर चिकित्सा नहीं की गई है / थी।
 (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक थे और वे मेरी सलाह से में किये गये थे।
 (g) 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. का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी के पास भेजा था और का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
 (h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the as
 (Name of the Chief Administrative Medical Officer) required under the rules was obtained.
- (म) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
 (i) that the patient did not require / required hospitalisation.

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

तारीख
 Date

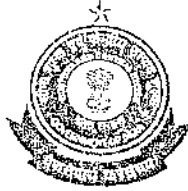
चिकित्सा अधिकारी के हस्ताक्षर और पदनाम तथा उस
 अस्पताल / चिकित्सालय का नाम जिसमें सम्बंध है
 Signature and Designation of the Medical Officer
 and the Hospital/Dispensary to which attached

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हों, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क' अनिवार्य है, और यह 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 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
3846	26.06.2014	Dhanwantari Drug House	Amchek-5	30	89.10	393.10
			Tonact-10	30	186.00	
			Glycomet SR 1gm	30	118.00	
3884	25.07.2014	Dhanwantari Drug House	Amchek-5	30	89.10	393.10
			Tonact-10	30	186.00	
			Glycomet SR 1gm	30	118.00	
3923	26.08.2014	Dhanwantari Drug House	Tonact-10	30	186.00	393.10
			Amchek-5	30	89.10	
			Glycomet SR 1gm	30	118.00	
3947	21.09.2014	Dhanwantari Drug House	Tonact-10	36	236.39	491.63
			Glycomet SR 1gm	36	141.59	
			Amchek-5	36	113.65	
3965	30.10.2014	Dhanwantari Drug House	Amchek-5	30	94.71	410.05
			Tonact-10	30	197.00	
			Glycomet SR 1gm	30	118.34	
3997	29.11.2014	Dhanwantari Drug House	Amchek-5	30	94.71	410.05
			Tonact-10	30	197.00	
			Glycomet SR 1gm	30	118.34	
4507	26.12.2014	Dhanwantari Drug House	Tonact-10	30	197.00	404.44
			Amchek-5	30	89.10	
			Glycomet SR 1gm	30	118.34	
4526	31.01.2015	Dhanwantari Drug House	Tonact-10	30	197.00	404.44
			Amchek-5	30	89.10	
			Glycomet SR 1gm	30	118.34	
4537	22.02.2015	Dhanwantari Drug House	Tonact-10	10	65.66	136.67
			Glycomet SR 1gm	10	39.44	
			Amchek-5	10	31.57	
GRAND TDAL						3,436.58
ROUNDING OFF						3,437.00

Goutam Sankar
08/05/2015
GOUTAM SARKAR
Inspector, Hd. (Technical)
Central Excise, Kolkata-V Comm'te
180, Shantipally, Rajdanga Main Road.
Kolkata-700 107



भारत सरकार GOVERNMENT OF INDIA

केन्द्रीय उत्पाद शुल्क आयुक्तालय: कोलकाता-V

CENTRAL EXCISE COMMISSIONERATE: KOLKATA-V

केन्द्रीय उत्पाद शुल्क भवन : 180, राजडांगा मेन रोड : शान्तिपल्ली : कोलकाता-700107

KENDRIYA UTPAD SHULK BHAWAN : 180, RAJDANGA MAIN ROAD: SHANTIPALLY: KOLKATA-700107

FAX NO. 033-2441-6917 : PHONE NO. 033- 2441-6921, Email - kolkata5@nic.in

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

8543

Dated:-

To,

28 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.II(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)

28 JUL 15
Assistant Chief Accounts Officer

Central Excise

Kolkata – V Commissionerate

o/c

ANNEXURE - "C"

TO
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.

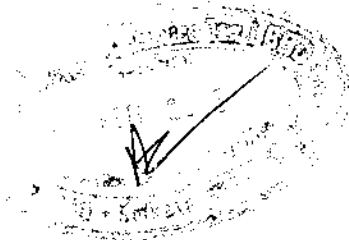
I am hereby submitting one Medical Reimbursement Bill in duplicate in prescribed
Med-97 Form for the treatment of my father Shri Biswanath Sarkar, who is dependent upon
me, for favour of necessary action and kind sanction please.

Encl: As above (24 Sheets)

Yours faithfully,


(GOUTAM SARKAR)
INSPECTOR

RANGE - I, 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)	: 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	: Service Tax - I Commisionerate, Kolkata
3.	Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately	: Pay Rs. 19,610/- + Grade Pay Rs. 4800/-
4.	Place of duty	: Range-I, B.B.D.Bag-I Division, S.Tax-I
5.	Actual residential address	: 24/1, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109
6.	Name of the patient and his / her relationship to the Government servant	: Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill	: At residence
8.	Details of the amount claimed :	

(i) 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	: 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 attached	: Not applicable
(c)	Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be attached)	: Rs. 18,346/-

(ii) HOSPITAL TREATMENT :

	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)	:
(ii)	Diet	:
(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	:
(vi)	Special Medicines	:

- Ordinary nursing :
- (iii) Special nursing i.e. nurses, 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) 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 certificate to that effect should be attached :

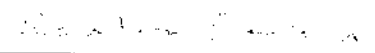
9.	Total Amount Claimed	:	Rs. 18,496
10.	Less : Advance taken as	:	Rs. NIL
11.	Net amount claimed	:	Rs. 18,496

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 of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: 01/10/2016


Signature of the Government Servant
& Office to which attached

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

4766
2058

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

मेड-103 / Med-103

में नियुक्त श्रीमती / श्री / कुमारी

को दिया गया प्रमाण-पत्र।

पत्नी / पुत्र / पुत्री श्री

Certificate granted to Smt. / Shri / Kumari... BISWANATH SARKAR
wife / son / daughter of Shri... GOVTAM SARKAR
employed in the... BBD. BAG-1 DIVISION, SERVICE TAX-I COMMISSIONERATE, 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 be completed in the case of patients who are not admitted to hospital for treatment)

इसके द्वारा प्रमाणित करता हूँ :-

मैं, डा. The Registrar, Poly Clinic (Treated under Dr. Manjari Saha) hereby certify :-
क कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की

(a) that I charged and received Rs. 150/- (Rs. 100 + Rs. 50) रुपये प्रभारित किए और प्राप्त किए।
for consultations on 16.06.2015 & 15.07.2015 at my consulting room / at the residence of the patient.
(Dates to be given)

(ख) कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की
अन्तः पेटी अधस्तवक इंजेक्शन देने के लिए रुपये प्रभारित किए और प्राप्त किए।
(b) that I charged and received Rs. X intra-muscular sub-cutaneous injections on.....
for administering..... at my consulting room / at the residence of the patient.
(Dates to be given)

(ग) कि दिए गए इन्जेक्शन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे ;
(c) that the injections administered were/were not for immunising or prophylactic purposes.
(घ) कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे द्वारा मुझे दी गई निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य अस्पताल में प्राइवेट रोगीयों को देने के लिए स्टॉक नहीं को जाती और थी। ये औषधें

(अस्पताल का नाम)

उसमें वे पेटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मूल्य के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं।

(d) That the patient has been under treatment at Poly Clinic, S. Suburban Hospital Road, Kolkata-29 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 disinfectants :

क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु. Rs.	पै. P.			रु. Rs.	पै. P.
1	As per Enclosure			6			
2				7			
3				8			
4				9			
5				10			

- (द) कि रोगी से पीड़ित है/था और से
..... तक मेरे इलाज में है / या :
- (e) that the patient is / was suffering from T.B., HTN, IBS, BHP and is / was under my treatment
from 16.06.2015 to 21.12.2015
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई है / थी।
- (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक
थे और वे मेरी सलाह से में किये गये थे।
(अस्पताल या प्रयोगशाला का नाम)
- (प) 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. के पास भेजा था
और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी
का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
- (ह) that I referred the patient to Dr. for specialist
consultation and that the necessary approval of the as
(Name of the Chief Administrative Medical Officer)
required under the rules was obtained.
- (झ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
- (i) that the patient did not require / required hospitalisation.

तारीख
Date 11.11.16

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

चिकित्सा अधिकारी के हस्ताक्षर 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

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क' अनिवार्य है, और हर 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 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
4576	16.06.2015	Dhanwantari Drug House	Galvus Met-50/1000	60	1,284.00	3,018.55
			Olsar-H 20	30	281.85	
			Thyronorm-50	100	116.55	
			Urimax-F	30	507.00	
			Tonact-10	30	203.00	
			Rantac-D	30	76.15	
			D-Protin	500gm	550.00	
4586	15.07.2015	Dhanwantari Drug House	Galvus Met-50/1000	60	1,410.00	3,028.00
			Urimax-F	30	507.00	
			Olsar-H 20	30	281.85	
			Tonact-10	30	203.00	
			Rantac-D	30	76.15	
			D-Protin	500gm	550.00	
			4590	15.08.2015	Dhanwantari Drug House	
Urimax-F	30	556.50				
Olsar-H 20	30	281.85				
Tonact-10	30	203.00				
Rantac-D	30	76.15				
D-Protin	500gm	550.00				
4597	15.09.2015	Dhanwantari Drug House				Galvus Met-50/1000
			Olsar-H 20	30	281.85	
			Urimax-F	30	556.50	
			Tonact-10	30	203.00	
			Rantac-D	30	76.15	
			Thyronorm-50	100	116.50	
			Livogen	90	259.80	
5707	14.10.2015	Dhanwantari Drug House	Galvus Met-50/1000	60	1,410.00	2,787.30
			Urimax-F	30	556.50	
			Rantac-D	30	76.15	
			Livogen	90	259.80	
			Olsar-H 20	30	281.85	
			Tonact-10	30	203.00	
			5712	14.11.2015	Dhanwantari Drug House	
Tonact-10	38	257.13				
Olsar-H 20	38	357.01				
Rantac-D	38	96.46				
Urimax-F	38	704.90				
Livogen	114	329.07				
TOTAL						18,345.77
ROUNDING OFF						18,346.00

ANNEXURE - "D"

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.

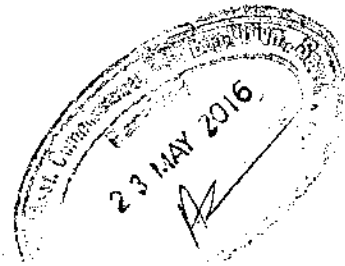
Encl: As above (14 Sheets)

Yours faithfully,

Goutam Sarkar
(GOUTAM SARKAR) 23/05/2016

INSPECTOR

RANGE - I, 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 black 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 : Service Tax - I Commissionerate, Kolkata
3. Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately : Pay Rs. 19,610/- + Grade Pay Rs. 4800/-
4. Place of duty : Range-I, B.B.D.Bag-I Division, S.Tax-I
5. Actual residential address : 24/1, Danesh Sk. Lane, P.O. Danesh Sk Lane, Block - Z/2, Howrah - 711 109
6. 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
8. Details of the amount claimed :
- (i) **MEDICAL ATTENDANCE :**
- (a) Fees for consultation indicating
- (i) 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, 5, Suburban Hospital Road, Kolkata - 20
- (ii) The number and dates of consultation and the fee paid for each consultation : 01 Consultation on 22.12.15
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.
- (i) 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. 3,609/-**
- (ii) **HOSPITAL TREATMENT :**
- 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) :
- (ii) Diet :
- (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 :
- (vi) Special Medicines :

- Ordinary nursing :
- (ii) Special nursing i.e. nurses, 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. :
- (x) 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 certificate to that effect should be attached. :

ii	Total Amount Claimed	:	Rs. 3,709
(i)	Less: Advance taken as	:	Rs. NIL
ii	Net amount claimed	:	Rs. 3,709

- (2) 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

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: 23/5/2016

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

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

184-16
 3040

मेड-103 / Med-103

में निम्न श्रेणी / श्री / कुमारी

को दिया गया प्रमाण-पत्र।
 Certificate granted to Smt. / Shri / Kumari DURGA RANI SARKAR
 wife / son / daughter of Shri GOVTAM SARKAR
 employed in the B.B. BAG-I DIVISION, SERVICE TAX-I COMMISSIONERATE, KOLKATA

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती नहीं किया गया हो)

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

इसके द्वारा प्रमाणित करता हूँ :-
 I hereby certify :-

कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए)
 that I charged and received Rs. 100/-
 for consultations on 22.12.2015 at my consulting room / at the residence of the patient.

(Dates to be given)

कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए)
 that I charged and received Rs. x
 for administering x intra-muscular sub-cutaneous injections on x
 at my consulting room / at the residence of the patient.

(Dates to be given)

कि दिए गए इन्जेक्शन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे :
 that the injections administered were/were not for immunising or prophylactic purposes.
 कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे द्वारा सुझाव में दी गई निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अस्पताल में प्राइवेट रोगीयों को देने के लिए स्टॉक नहीं की जाती और वे औषधें

(अस्पताल का नाम)

जिसमें वे पेटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो मुख्यतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं।

That the patient has been under treatment at Dr. N. B. Poly Clinic, 5, Suburban Hospital Road, Kolkata-20 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 disinfectants :

क्र. सं. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु. Rs.	पै. P.			रु. Rs.	पै. P.
1	AS per Annexure			6			
2				7			
3				8			
4				9			
5				10			

(c) कि रोगी से पीड़ित है/था और तक मेरे इलाज में है / था :
 (c) that the patient is / was suffering from HTM, Dyskitemia and is / was under my treatment
 from 22.12.2015 to 21.02.2016

(च) कि रोगी की जन्म-पूर्व अथवा जन्मान्तर चिकित्सा नहीं की गई है / थी।
 (f) that the patient is / was not given pre-natal or post-natal treatment.

(छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक थे और वे मेरी सलाह से में किये गये थे।
 (g) 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. के पास भजा था और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी का नाम नियतों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
 (h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the as required under the rules was obtained.
 (Name of the Chief Administrative Medical Officer)

(झ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
 (i) that the patient did not require / required hospitalisation.

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

चिकित्सा अधिकारी के हस्ताक्षर 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

3 -- Certificate not applicable should be struck off. Certificate '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
5728	22.12.2015	Dhanwantari Drug House	Cetapin XR-1000	30	123.00	1,211.04
			Atorva-10	30	212.04	
			Telmichek-40	30	243.00	
			Cartigen Duo	30	633.00	
5734	21.01.2016	Dhanwantari Drug House	Cartigen Duo	30	633.00	1,211.04
			Telmichek-40	30	243.00	
			Cetapin XR-1000	30	123.00	
			Atorva-10	30	212.04	
5743	20.02.2016	Dhanwantari Drug House	Atorva-10	30	212.04	1,187.04
			Cetapin XR-1000	30	99.00	
			Cartigen Duo	30	633.00	
			Telmichek-40	30	243.00	
GRAND TOTAL						3,609.12
ROUNDING OFF						3,609.00

Gontem Sarkar

ANNEXURE - "E"

To
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.

Encl: As above (21 Sheets)

Yours faithfully,

Goutam Sarkar
(GOUTAM SARKAR) 29/08/2016

INSPECTOR

RANGE - I, 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)	: GOUTAM SARKAR, INSPECTOR
(i)	Whether Married or Unmarried	: Married
(i)	If married the place where wife/husband is employed	: Asst. Teacher, Fathepur Nagendranath Vidyalaya, Garden Reach, Kolkata
2.	Office in which employed	: Service Tax - I Commisionerate, Kolkata
3.	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, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109
6.	Name of the patient and his / her relationship to the Government servant	: Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill	: At residence
8.	Details of the amount claimed :	

(i) 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	: 01 Consultation on 22.12.2015 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. 19,970/-

(ii) HOSPITAL TREATMENT :

(i)	Name of the Hospital	:
(i)	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)	:
(ii)	Diet	:
(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	:
(vi)	Special Medicines	:



when 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.

- (v) Ambulance charges (State the Journey to and from undertaken) :
 - (vi) 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.

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 the 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.

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 : **Rs. 20,070**
 Less : Advance taken as : **Rs. NIL**
 Net amount claimed : **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 that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: 29/08/2016

Goutam Sarkan

Signature of the Government Servant
& Office to which attached

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

49/16
W-03

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

मेड-103 / Med-103

में नियुक्त श्रीमती / श्री / कुमारी

पत्नी / पुत्र / पुत्री श्री को दिया गया प्रमाण-पत्र।

Certificate granted to Smt. / Shri / Kumari BISWANATH SARKAR
Father of / wife / son / daughter of Shri GOUTAM SARKAR
employed in the Service Tax, A. B. D. Bag-I Division, S. Tax - I Commissionerate

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें ईलाज के लिए अस्पताल में भर्ती नहीं किया गया हो)

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

में, डा. इसके द्वारा प्रमाणित करता हूँ :-

I, Dr. Manjan Saha hereby certify :-

क कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की

(a) that I charged and received Rs. 100/- (Rupees One Hundred) रुपये प्रभारित किए और प्राप्त किए।
for consultations on 22-12-2015 at my consulting room / at the residence of the patient.
(Dates to be given)

(ख) कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की

(b) that I charged and received Rs. 0/- रुपये प्रभारित किए और प्राप्त किए।
for administering intra-muscular sub-cutaneous injections on 22-12-2015
at my consulting room / at the residence of the patient.
(Dates to be given)

(ग) कि दिए गए इन्जेक्सन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे:
(c) that the injections administered were/were not for immunising or prophylactic purposes.

(घ) कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे द्वारा मुझे दी गई निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी। ये औषधे अस्पताल में प्राइवेट रोगियों को देने के लिए स्टॉक नहीं की जाती और

(अस्पताल का नाम)

उसमें वे पेटेंट एकायंत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं।

(d) That the patient has been under treatment at Poly Clinic, S. Suburban Hospital, Raja, Kolkata-20 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 disinfectants :-

क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु० Rs.	पै० P.			रु० P.S.	पै० P.
1	As per enclosed Sheet			6			
2				7			
3				8			
4				9			
5				10			

- (द) कि रोगी से पीड़ित है/था और से
तक मेरे इलाज में है / था :
- (e) that the patient is / was suffering from T, DM, HTN, BHP, IBS and is / was under my treatment
from 22.12.2015 to 27.06.2016
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई है / थी ।
- (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रूपये खर्च किए वे आवश्यक
थे और वे मेरी सलाह से में किये गये थे ।
(अस्पताल या प्रयोगशाला का नाम)
- (ग) 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)
- (घ) कि मैंने रोगी को विशेष परामर्श के लिए डा..... के पास भजा था
और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी
का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था ।
- (h) that I referred the patient to Dr..... for specialist
consultation and that the necessary approval of the as
(Name of the Chief Administrative Medical Officer)
required under the rules was obtained.
- (भ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था ।
- (i) that the patient did not require / required hospitalisation.

तारीख
Date 11-7-16

Register, Dept. of Health
Govt. of W.B.

POLY CLINIC
Kolkata-20

चिकित्सा अधिकारी के हस्ताक्षर 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

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए । प्रमाण पत्र 'क' अनिवार्य है, और यह 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 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
5727	22.12.2015	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,350.85
			Thyronorm-50	100	116.55	
			Urimax-F	30	556.50	
			Tonact-10	30	203.00	
			Rantac-D	30	76.15	
			Livogen	90	259.80	
			Olsar-H 40	30	464.85	
			Lecti hep Syrup	200 ml	196.00	
			Lonazep 0.5	20	68.00	
5733	21.01.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,268.30
			Tonact-10	30	203.00	
			Livogen	90	259.80	
			Lonazep 0.5	30	102.00	
			Urimax-F	30	556.50	
			Rantac-D	30	76.15	
			Olsar-H 40	30	464.85	
			Lecti hep Syrup	200 ml	196.00	
5742	20.02.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,072.15
			Livogen	90	259.80	
			Lonazep 0.5	30	102.00	
			Tonact-10	30	203.00	
			Rantac-D	30	76.00	
			Olsar-H 40	30	464.85	
			Urimax-F	30	556.50	
5750	20.03.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,196.10
			Thyronorm-50	100	116.55	
			Livogen	90	259.80	
			Tonact-10	30	203.00	
			Lonazep 0.5	30	102.00	
			Rantac-D	30	83.40	
			Olsar-H 40	30	464.85	
			Urimax-F	30	556.50	
5764	19.04.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,079.55
			Livogen	90	259.80	
			Lonazep 0.5	30	102.00	
			Tonact-10	30	203.00	
			Olsar-H 40	30	464.85	
			Urimax-F	30	556.50	
			Rantac-D	30	83.40	
5773	17.05.2016	Dhanwantari Drug House	Galvus Met-50/500	78	1,833.00	4,003.39
			Urimax-F	39	723.45	
			Tonact-10	39	263.89	
			Lonazep 0.5	39	132.60	
			Rantac-D	39	108.42	
			Olsar-H 40	39	604.30	
			Livogen	117	337.73	
TOTAL						19,970.34
ROUNDING OFF						19,970.00

ANNEXURE - "F"

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.

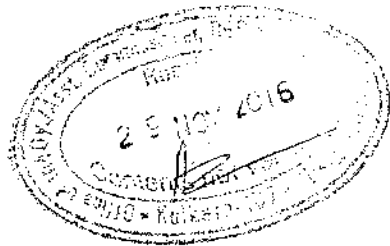
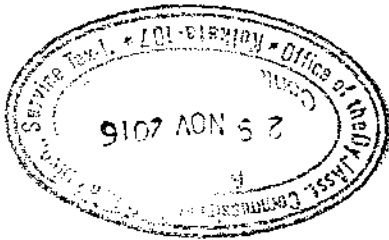
Encl: As above (18 Sheets)

Yours faithfully,

Goutam Sarkar
(GOUTAM SARKAR) 29/11/2016

INSPECTOR

RANGE - I, 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

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
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 - 7/2, 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 fell ill	:	At residence
Details of the amount claimed :		
(I) <u>MEDICAL ATTENDANCE :</u>		
(a) Fees for consultation indicating -		
(i) 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, 5, Suburban Hospital Road, Kolkata - 20
(ii) The number and dates of consultation and the fee paid for each consultation	:	02 Consultation on 22.03.2016 & 28.06.2016 Fee Paid Rs.100 + Rs. 50 = Rs. 150/-
(iii) The number and dates of injections and the fee paid for each injection	:	NIL.
(iv) 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.
(v) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating		
(i) The name of the hospital or laboratory where the tests were undertaken	:	Not applicable
(ii) 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
(iii) Cost of medicines purchased from the market (List of medicines, cash memos & the essentiality certificate should be attached)	:	Rs. 7,845/-
(II) <u>HOSPITAL TREATMENT :</u>		
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)	:	
(ii) Diet	:	
(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-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.

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

REGS: 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.

1) 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 ;

i. Total Amount Claimed : Rs. 7,995

0. Less : Advance taken as : Rs. NIL

1. Net amount claimed : Rs. 7,995

2. 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 of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date: 29/11/2016

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

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

17-10-16
 4088
 Received

मेड-103 / Med-103

.....में नियुक्त श्रीमती / श्री / कुमारी
 पुत्र / पुत्री श्रीको दिया गया प्रमाण-पत्र।
 Certificate granted to Smt. / Shri / Kumari DURGA RANI SARKAR
 son/ daughter of Shri. GOUTAM SARKAR
 residing in the ROAD BAK-2 DIVISION, SERVICE TAX-2 COMMISSIONERATE, 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 be completed in the case of patients who are not admitted to hospital for treatment)

.....इसके द्वारा प्रमाणित करता हूँ :-
MANJARI SAHA.....herely certify :-
 कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए)की
 परामर्श के लिए रुपये प्रभारित किए और प्राप्त किए।
 that I charged and received Rs. 150/- (Rs. 100 + Rs. 50)
 for consultations on 22.03.2016 & 28.03.2016 at my consulting room / at the residence of the patient.
 (Dates to be given)

कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए)की
 रेडी अथवा लवक इंजेक्शन देने के लिए रुपये प्रभारित किए और प्राप्त किए।
 that I charged and received Rs.
 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.
 कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे
 द्वारा सुझाए गए निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य
 थीं। वे औषधें अस्पताल में प्राइवेट रोगियों को देने के लिए स्टॉक नहीं की जाती और
 (अस्पताल का नाम)

उसमें दे पेटेंट एकायंत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा मान के सरते द्रव्य उपलब्ध हैं न ही वे योग जो
 मूलतः खाद्य श्रृंगार सामग्री अथवा निरसकामक हैं। Genl. 4th B, Poly Clinic, 5 Suburban Hospital Road, Kolkata-20
 That the patient has been under treatment at.....hospital/
 my consulting room and that the undermentioned medicines prescribed by me in this connection
 were essential for the recovery/prevention of serious deterioration in the condition of the patient.
 The medicines are not stocked in the (Name of the Hospital).....
 for 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,
 toiletis or disinfectants :

औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl No.	औषधियों का नाम Name of Medicines	कीमत Price	
	रु. Rs.	पै. P.			रु. Rs.	पै. P.
<i>As per Annexure</i>			6			
			7			
			8			
			9			
			10			

- (द) कि रोगी से पीड़ित है/था और से
तक मेरे इलाज में है / था :
- (e) that the patient is / was suffering from H.T.M., Dyslipitemia and is / was under my treatment
from 23.03.2016 to 26.09.2016
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई है / थी।
- (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक
थे और वे मेरी सलाह से में किये गये थे।
(अस्पताल या प्रयोगशाला का नाम)
- (फ) that the X-Ray, Laboratory test etc. for which an expenditure of Rs X
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. के पास भेजा था
और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी
का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
- (ह) that I referred the patient to Dr. X for specialist
consultation and that the necessary approval of the as
(Name of the Chief Administrative Medical Officer)
required under the rules was obtained.
- (झ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
- (i) that the patient did not require / required hospitalisation.

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

Kolkata-20

चिकित्सा अधिकारी के हस्ताक्षर 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

तारीख
Date 25.10.16

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क' अनिवार्य है, और वह सभी नामली 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 by
the Medical Officer in all cases.

LIST OF MEDICINE PURCHASED

No.	Bill Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
751	3/22/2016	Dhanwantari Drug House	Atorva-10	30	212.04	1,230.84
			Cetapin XR-1000	30	123.00	
			Cartigen Duo	30	633.00	
			Telma AM (40/5)	30	262.80	
765	4/19/2016	Dhanwantari Drug House	Telma AM (40/5)	30	300.00	1,268.04
			Cartigen Duo	30	633.00	
			Atorva-10	30	212.04	
			Cetapin XR-1000	30	123.00	
774	5/17/2016	Dhanwantari Drug House	Atorva-10	38	268.58	1,606.18
			Telma AM (40/5)	38	380.00	
			Cetapin XR-1000	38	155.80	
			Cartigen Duo	38	801.80	
789	6/28/2016	Dhanwantari Drug House	Telma AM (40/5)	30	254.10	1,297.14
			Atorva-10	30	212.04	
			Cetapin XR-1000	30	123.00	
			Cartigen Duo	30	633.00	
			Amitryn-10	30	75.00	
799	7/27/2016	Dhanwantari Drug House	Atorva-10	30	160.35	1,216.35
			Cartigen Duo	30	633.00	
			Telmichek AM (40/5)	30	300.00	
			Cetapin XR-1000	30	123.00	
587	8/24/2016	Dhanwantari Drug House	Atorva-10	30	160.35	1,226.35
			Cetapin XR-1000	30	123.00	
			Telmichek AM (40/5)	30	310.00	
			Cartigen Duo	30	633.00	
GRAND TOTAL						7,844.90
ROUNDING OFF						7,845.00

ANNEXURE - "G"

To
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.

Encl: As above (27 Sheets)

Yours faithfully,

Goutam Sarkar
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)	: GOUTAM SARKAR, Superintendent
(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	: Service Tax - I Commissionerate, Kolkata
3.	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, Danesh Sk. Lane, P.O. Danesh Sk. Lane, Block - Z/2, Howrah - 711 109
6.	Name of the patient and his / her relationship to the Government servant	: Sri Biswanath Sarkar, Father
7.	Place at which the patient fell ill	: At residence
8.	Details of the amount claimed :	
(I)	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 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	: 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. 29,824/-

(II) **HOSPITAL TREATMENT :**

	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)	:
(ii)	Diet	:
(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	:

- Medicines :
- (vi) Special Medicines :
- (vii) Ordinary nursing :
- (viii) Special nursing i.e. nurses, 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) 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 certificate to that effect should be attached :

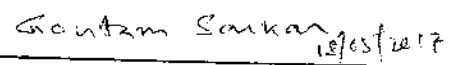
9. Total Amount Claimed	:	Rs. 29,974
10. Less : Advance taken as	:	Rs. NIL
11. Net amount claimed	:	Rs. 29,974

12. List of Enclosures : **1) 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 that the person for whom medical expenses were incurred is wholly dependent upon me.

Date : 18/05/2017


 Signature of the Government Servant
 & Office to which attached

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

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

6028
 17/4/17

मेड-103 / Med-103

.....में नियुक्त श्रीमती / श्री / कुमारी को दिया गया प्रमाण-पत्र ।
 पुत्र / पुत्री श्री
 Certificate granted to Smt./Shri / Kumari..... **B. SWANATH SARKAR**
 son / daughter of Shri..... **GOUTAM SARKAR**
 employed in the..... **SERVICE TAXI COMMITTEE, KOLKATA**

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती नहीं किया गया हो)
 (To be completed in the case of patients who are not admitted to hospital for treatment)
 इसके द्वारा प्रमाणित करता हूँ :-
 hereby certify :-

श्री. **MANJARI SAHA** की
 कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) रुपये प्रभारित किए और प्राप्त किए ।
 that I charged and received Rs. **150/- (Rs. 100/- + Rs. 50/-)** परामर्श के लिए
 for consultations on **28.06.2016 & 29.12.2016** at my consulting room / at the residence of the patient.
 (Dates to be given)

कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) की
 न. मेरी अधस्तवक इंजेक्शन देने के लिए रुपये प्रभारित किए और प्राप्त किए ।
 that I charged and received Rs. intra-muscular sub-cutaneous injections on
 for administering 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.
 कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे
 द्वारा सुस्ते में दी गई निम्नलिखित औषधे रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य
 थी। ये औषधे अस्पताल में प्राइवेट रोगीयों को देने के लिए स्टॉक नहीं की जाती और

(अस्पताल का नाम)
 उनमें वे पेटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा सप्प के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो
 मूलतः ग्वाच श्रृंगार सामग्री अथवा निःसंक्रामक हैं। **Govt. Ayur, Paly Clinic, S. Suburban Hospital Road, Kolkata-20**
 (d) That the patient has been under treatment at hospital/
 my consulting room and that the undermentioned medicines prescribed by me in this connection
 were essential for the recovery/prevention of serious deterioration in the condition of the patient.
 The medicines are not stocked in the (Name of the Hospital)
 for 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 disinfectants :

क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु. Rs.	पै. P.			रु. P.s.	पै. P.
1	As per Annexure			6			
2				7			
3				8			
4				9			
5				10			

रु० पू० रु० / P. T. O.

- (ब) कि रोगी से पीड़ित है/था और से
तक मेरे इलाज में है / था :
(c) that the patient is / was suffering from T2, DM, HTN, OHP, IRS and is / was under my treatment
from 28.07.2016 to 29.03.2017
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मान्तर चिकित्सा नहीं की गई है / थी।
(f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक
थे और वे मेरी सलाह से में किये गये थे।
(ग) 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. के पास भेजा था
और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी
का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था।
(h) that I referred the patient to Dr. for specialist
consultation and that the necessary approval of the as
(Name of the Chief Administrative Medical Officer)
required under the rules was obtained.
- (झ) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था।
(i) that the patient did not require / required hospitalisation.

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

चिकित्सा अधिकारी के हस्ताक्षर 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

तारीख
Date 26/4/17

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क' अनिवार्य है और घट 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 by
the Medical Officer in all cases.

LIST OF MEDICINE PURCHASED

No.	Date	Medicine purchased from	Name of the Medicine	Quantity	Amount	Amount
5788	28.06.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,180.45
			Thyronorm-50	100	95.55	
			Urimax-F	30	556.50	
			Tonact-10	30	203.00	
			Rantac-D	30	83.40	
			Livogen	90	285.00	
			Olmesar-A (20/5)	30	351.00	
			Lecti hep Syrup	200 ml	196.00	
5798	27.07.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,549.80	3,224.70
			Urimax-F	30	556.50	
			Tonact-10	30	203.00	
			Olmesar-A (20/5)	30	351.00	
			Lecti hep Syrup	200 ml	196.00	
			Livogen	90	285.00	
			Rantac-D	30	83.40	
5806	24.08.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,410.00	3,041.90
			Olmesar-A (20/5)	30	351.00	
			Tonact-10	30	160.00	
			Urimax-F	30	556.50	
			Livogen	90	285.00	
			Rantac-D	30	83.40	
			Lecti hep Syrup	200 ml	196.00	
5825	25.09.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,549.80	3,555.50
			Urimax-F	30	834.75	
			Rantac-D	30	83.40	
			Tonact-10	30	160.00	
			Olmesar-A (20/5)	30	351.00	
			Livogen	90	285.00	
			Thyronorm-50	100	95.55	
			Lecti hep Syrup	200 ml	196.00	
5834	25.10.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,549.80	3,181.70
			Tonact-10	30	160.00	
			Rantac-D	30	83.40	
			Urimax-F	30	556.50	
			Olmesar-A (20/5)	30	351.00	
			Livogen	90	285.00	
			Lecti hep Syrup	200 ml	196.00	
5841	23.11.2016	Dhanwantari Drug House	Galvus Met-50/500	50	1,291.50	2,684.04
			Tonact-10	25	133.30	
			Rantac-D	25	69.50	
			Olmesar-A (20/5)	25	292.50	
			Livogen	75	237.49	
			Urimax-F	25	463.75	
			Lecti hep Syrup	200 ml	196.00	
5847	20.12.2016	Dhanwantari Drug House	Galvus Met-50/500	60	1,549.80	3,394.30
			Thyronorm-50	100	95.55	
			Urimax-F	30	556.50	
			Tonact-10	30	160.00	
			Rantac-D	30	83.40	
			Olmesar-A (20/5)	30	516.00	
			Livogen	90	95.00	
			Ditide	30	142.05	
			Lecti hep Syrup	200 ml	196.00	
5852	21.01.2017	Dhanwantari Drug House	Galvus Met-50/500	60	1,549.80	3,354.25
			Tonact-10	30	160.00	
			Olmesar-A (20/5)	30	516.00	
			Ditide	30	142.05	
			Livogen	90	95.00	
			Rantac-D	30	83.40	
			Lecti hep Syrup	200 ml	196.00	
			Urimax-F	30	612.00	
5860	20.02.2017	Dhanwantari Drug House	Galvus Met-50/500	76	1,963.08	
			Rantac-D	38	116.14	
			Ditide	38	179.93	
			Olmesar-A (20/5)	38	653.60	
			Tonact-10	38	202.66	
			Livogen	114	120.33	
			Urimax-F	38	775.20	

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,

Goutam Sarkar
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

Name and designation of the Government servant (in block letters)	: GOUTAM SARKAR, Superintendent
(i) Whether Married or Unmarried	: Married
ii) 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 fell ill	: At residence
Details of the amount claimed :	

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.(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/-

HOSPITAL TREATMENT :

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)	:
(ii) Diet	:
(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	:

- Medicines :
 Special Medicines :
 (ii) Ordinary nursing :
 (iii) Special nursing i.e. nurses, 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) 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 his 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.

(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 :

9.	Total Amount Claimed	:	Rs. 9,460
10.	Less : Advance taken as	:	Rs. <u>NIL</u>
11.	Net amount claimed	:	Rs. <u>9,460</u>

12. 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

Goutam Sarkar 18/05/2017
 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
 प्रमाणपत्र 'क' / Certificate 'A'

6027
 17/4/77

मेड-103 / Med-103

.....में नियुक्त श्रीमती / श्री / कुमारी को दिया गया प्रमाण-पत्र।
 / पुत्री / पुत्री श्री
 Certificate granted to Smt. / Shri / Kumari. DURGA RANI SARKAR
 e / son / daughter of Shri. GAUTAM SARKAR
 employed in the SERVICE TAXI COMMITTEE KOLKATA

प्रमाण-पत्र 'क'
CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती नहीं किया गया हो।)

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

डा. MANJARI SAHA इसके द्वारा प्रमाणित करता हूँ :-
 Dr. MANJARI SAHA hereby certify :-
 कि मैंने अपने के परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) रूपसे प्रभारित किए और प्राप्त किए।

a) that I charged and received Rs. 100/-
 for consultations on 27.09.2016 at my consulting room / at the residence of the patient.
 (Dates to be given)

b) कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) रूपसे प्रभारित किए और प्राप्त किए।
 कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) रूपसे प्रभारित किए और प्राप्त किए।
 कि मैंने अपने परामर्श कक्ष में / रोगी के निवास स्थान पर (तारीख दी जाए) रूपसे प्रभारित किए और प्राप्त किए।

c) that I charged and received Rs. 100/-
 for administering intra-muscular sub-cutaneous injections on
 (Dates to be given)

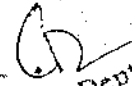
d) कि दिए गए इन्जेक्शन्स रोगक्षमता या रोग निरोध के लिए थे / नहीं थे :
 that the injections administered were/were not for immunising or prophylactic purposes.
 कि रोगी का इलाज अस्पताल में मेरे परामर्श कक्ष में हुआ है और इस सम्बन्ध में मेरे द्वारा जुस्से में दी गई निम्नलिखित औषधों रोगी की हालत ठीक करने / गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य अस्पताल में प्राइवेट रोगियों को देने के लिए स्टॉक नहीं की जाती और थी। वे औषधें

(अस्पताल का नाम)
 उसमें वे पेटेंट एकायत योग शामिल नहीं हैं जिनके लिए समान चिकित्सा साधन के सस्ते द्रव्य उपलब्ध हैं न ही वे योग जो मूलतः खाद्य श्रृंगार सामग्री अथवा निःसंक्रामक हैं। Govt. N.S. Pety Clinic, S. Suburban Hospital Road, Kolkata-26 hospital/

(d) That the patient has been under treatment at hospital/
 my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.
 The medicines are not stocked in the (Name of the Hospital)
 for 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 disinfectants :

क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price		क्रम सं. Sl. No.	औषधियों का नाम Name of Medicines	कीमत Price	
		रु. Rs.	पै. P.			रु. Rs.	पै. P.
1	As per Annexure			6			
2				7			
3				8			
4				9			
5				10			

- (ब) कि रोगी से पीड़ित है/था और तक मेरे इलाज में है / था ;
 (c) that the patient is / was suffering from ... HFM / Dyslipidemia and is / was under my treatment
 from 27.09.2016 to 08.03.2017
- (च) कि रोगी की जन्म-पूर्व अथवा जन्मांतर चिकित्सा नहीं की गई है / थी ।
 (f) that the patient is / was not given pre-natal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए रुपये खर्च किए वे आवश्यक थे और वे मेरी सलाह से में किये गये थे ।
 (अस्पताल या प्रयोगशाला का नाम)
- (ग) 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. के पास भेजा था और का राज्य के प्रमुख प्रशासनिक चिकित्सा अधिकारी का नाम नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर दिया गया था ।
- (ह) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the as
 (Name of the Chief Administrative Medical Officer) required under the rules was obtained.
- (म) कि रोगी का अस्पताल में रखना आवश्यक नहीं था / आवश्यक था ।
 (i) that the patient did not require / required hospitalisation.


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

तारीख
 Date 26/4/17

चिकित्सा अधिकारी के हस्ताक्षर 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

विशेष ध्यान दें—जो प्रमाण-पत्र लागू न हो, वे काट दिए जाने चाहिए। प्रमाण पत्र 'क अनिवार्य है, और वह 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 by the Medical Officer in all cases.

LIST OF MEDICINE PURCHASED

Bill Date	Name of the Medicine	Quantity	Amount	Amount	
	Cetepin XR-1000	30	666.00	666.00	
	Cal Aid	10	153.00	450.80	
	Xtor 10	10	70.80		
	Aculip 10	10	72.00		
	Tazloc AM (40/5)	10	155.00		
	Xtor 10	20	107.40		
04.10.2016	Dhanwantari Drug House	Tazloc AM (40/5)	20	189.00	691.60
		Cal Aid	20	316.00	
		Aculip 10	20	79.20	
25.10.2016	Dhanwantari Drug House	Cartigen Duo	30	666.00	1,703.40
		Xtor 10	30	161.10	
		Tazloc AM (40/5)	30	283.50	
		Cal Aid	30	474.00	
		Aculip 10	30	118.80	
23.11.2016	Dhanwantari Drug House	Cal Aid	30	474.00	1,703.40
		Tazloc AM (40/5)	30	283.50	
		Cartigen Duo	30	666.00	
		Xtor 10	30	161.10	
		Aculip 10	30	118.80	
20.12.2016	Dhanwantari Drug House	Tazloc AM (40/5)	30	283.50	1,703.40
		Cartigen Duo	30	666.00	
		Cal Aid	30	474.00	
		Xtor 10	30	161.10	
		Aculip 10	30	118.80	
21.01.2017	Dhanwantari Drug House	Aculip 10	30	118.80	1,703.40
		Cartigen Duo	30	666.00	
		Tazloc AM (40/5)	30	283.50	
		Cal Aid	30	474.00	
		Xtor 10	30	161.10	
20.02.2017	Dhanwantari Drug House	Cartigen Duo	33	732.60	1,873.74
		Tazloc AM (40/5)	33	311.85	
		Cal Aid	33	521.40	
		Aculip 10	33	130.68	
		Xtor 10	33	177.21	
TOTAL				10,495.74	
ss : Medicine Returned	Dhanwantari Drug House	Cartigen Duo	20	444.00	1,135.60
		Tazloc AM (40/5)	20	189.00	
		Cal Aid	20	316.00	
		Aculip 10	20	79.20	
		Xtor 10	20	107.40	
GRAND TOTAL				9,360.14	
ROUNDING OFF				9,360.00	