

Appendix as herby substituted
APPENDIX-"C"
(SEE PART-V, RULE 16 and 18)

To,

The Registrar General
Hon'ble High Court of Judicature at
Allahabad

No. 173/2022

Dated: 25-8-2022

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 22,355/-

Sir,


I **Kuldeep Kumar-II** took treatment at **District Hospital, Sitapur** for **DM-2, Asthma, Allergic Rhinitis & Gastrotites** from **29.01.2022** to **31.05.2022**.

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctor/Superintendent of the Hospital.
2. Original Cash memo Bills, Vouchers and Prescription duly signed and verified by treating doctor.
3. It is certified that above named family member is wholly dependent upon me and generally resides with me. (N/A)

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs nil sanctioned for my treatment vide letter no.X..... datedX..... ofX.....

Dated...25/8/22


Name of Officer – **Kuldeep Kumar-II**
Designation - District & Session Judge
Place of Posting - Sitapur
I.D. No. – U.P.-1916

Encl.

1. Original recommendation letter of C.M.S. Sitapur
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Slip of District Hospital, Sitapur (2)
5. Original Bills & Vouchers (Nos. 44)

प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा0 जिला न्यायाधीश,
सीतापुर।

पत्रांक:—जि0चि0/चिकित्सा प्रतिपूर्ति/2022-23/2059

दिनांक-23/08/2022

विषय:—मा0 श्री कुलदीप कुमार— II जिला न्यायाधीश सीतापुर के उपचार पर व्यय हुई धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं0-69/2022 दिनांक 06.06.2022 के क्रम में शासनादेश संख्या-56/2019/ 578-पांच-6-2019- 04 (जी0)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1- लाभार्थी का नाम/पदनाम : मा0 श्री कुलदीप कुमार— II, जनपद न्यायाधीश
- 2- लाभार्थी के पिता/पति का नाम :
- 3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : मा0 श्री कुलदीप कुमार— II
- 4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : स्वयं
- 5- निवास का पता : सीतापुर।
- 6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) (निजी हैं अथवा सरकारी) : डा0 अनुपम मिश्रा
: जिला चिकित्सालय, सीतापुर।
: सरकारी
- 7- बीमारी का नाम : Dm, vertigo
- 8- उपचार की अवधि : दि0 29-01-2022 से 31-05-2022
- 9- चिकित्सा पर कुल व्यय धनराशि : मु0रू0 22355.00
- 10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु0रू0 22355.00 (बाइस हजार तीन सौ पचपन रूपये मात्र)

प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ0प्र0 शासन की उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 एवं उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19 जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के0जी0एम0यू0/एस0जी0पी0जी0आई, लखनऊ की दर पर की जाती हैं। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:—यथोक्त (मूल रूप में)

Ddhi
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर

APPENDIX VIII

Form of Certificates A/B

Certificate granted to the Sri Kuldeep Kumar-II, District Judge, Sitapur

CERTIFICATE 'A'

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

- I Dr. Anubam Mishra hereby certify:-
- (a) that I charged/received Rs. ₹ for consultation on (dates to be given) at my consulting room at the residence for the patient.
- (b) that I charged and received Rs. ₹ for administeringintra-muscular-injections onsub-coetaneous at my consulting room.....at the residence of the patient.
- (c) that the injections administered were for immunizing or prophylactic purposes. were not
- (d) that the patient has under treatment at hospital/my consulting room and the under mentioned medicines prescribed by me in this connection were essential for the recovery /prevention of serious, deterioration in the condition of the patient. The medicines are not stocked in the for supply to private patients (name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily/ foods, toilets or

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount
1	731	29.1.22	Mahaveer Medical Hall, Sitapur	169	
2	6718	29.1.22	Shukla Medical Store, Sitapur	195	
3	1001	2.2.22	Pankaj Medical Hall, Sitapur	131	
4	725	2.2.22	Mahaveer Medical Hall, Sitapur	463	
5	738	7.2.22	Mahaveer Medical Hall, Sitapur	468	
6	6745	11.2.22	Shukla Medical Store, Sitapur	637	
7	743	21.2.22	Mahaveer Medical Hall, Sitapur	140	
8	38620	14.2.22	Shivansh Associates, Sitapur	496	
9	22568	21.2.22	Sitapur Medical Hall, Sitapur	649	
10	39770	22.2.22	Shivansh Associates, Sitapur	200	
11	39972	24.2.22	Shivansh Associates, Sitapur	423	
12	546	1.3.22	Guddu Medical Store, Sitapur	399	
13	747	2.3.22	Mahaveer Medical Hall, Sitapur	350	
14	23428	5.3.22	Sitapur Medical Hall, Sitapur	209	

15	1789	8.3.22	Dheeraj Medical Center, Sitapur	50
16	1917	9.3.22	Dheeraj Medical Center, Sitapur	170
17	741	10.3.22	Mahaveer Medical Hall, Sitapur	290
18	42237	12.3.22	Shivansh Associates, Sitapur	303
19	767	15.3.22	Mahaveer Medical Hall, Sitapur	894
20	105816	21.3.22	Sarkar Diagnostics, Lucknow	1270
21	716	22.3.22	Guddu Medical Store, Sitapur	1518
22	43708	24.3.22	Shivansh Associates, Sitapur	232
23	763	26.3.22	Mahaveer Medical Hall, Sitapur	140
24	44302	29.3.22	Shivansh Associates, Sitapur	653
25	44573	31.3.22	Shivansh Associates, Sitapur	280
26	826	7.4.22	Shivansh Associates, Sitapur	344
27	829	9.4.22	Mahaveer Medical Hall, Sitapur	816
28	6867	10.4.22	Shukla Medical Store, Sitapur	350
29	2453	18.4.22	Shiaay Medical Store, Haridwar	1350
30	321	18.4.22	Aastha Medical Store, Haridwar	261
31	846	21.4.22	Mahaveer Medical Hall, Sitapur	864
32	1381	22.4.22	Sitapur Medical Hall, Sitapur	88
33	2474	22.4.22	Dheeraj Medical Center, Sitapur	1432
34	854	26.4.22	Mahaveer Medical Hall, Sitapur	668
35	855	27.4.22	Mahaveer Medical Hall, Sitapur	222
36	4097	2.5.22	Shivansh Associates, Sitapur	742
37	2154	4.5.22	Sitapur Medical Hall, Sitapur	108
38	4581	5.5.22	Shivansh Associates, Sitapur	188
39	537	11.5.22	Shivansh Associates, Sitapur	1055
40	3101	18.5.22	Sitapur Medical Hall, Sitapur	137
41	646	19.5.22	Shivansh Associates, Sitapur	344
42	2495	21.5.22	Dheeraj Medical Center, Sitapur	1370
43	7465	27.5.22	Shivansh Associates, Sitapur	384
44	7909	31.5.22	Shivansh Associates, Sitapur	903
			Total	22355

चि० प्र० पू० की सकल धनराशि रु० 223557

परीक्षाणोपान्त अवेय धनराशि रु० _____

शुद्ध देय धनराशि रु० 2235520

धनराशि सबबों में रु० _____

कासम हजूर वरिष्ठ आर्य पत्र गणपति

[Signature]
 मुख्य चिकित्सा अधीक्षक
 जिला चिकित्सालय
 सीतापुर

[Signature]
 फिजीशियन
 जिला चिकित्सालय, सीतापुर

DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Sri Kuldeep Kumar-II, District Judge, Sitapur

Name of Institution:- DISTRICT HOSPITAL, SITAPUR

Period of Treatment:- 29.1.22 to 31.5.22

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	731	29.1.22	Mahaveer Medical Hall, Sitapur	169		
2	6718	29.1.22	Shukla Medical Store, Sitapur	195		
3	1001	2.2.22	Pankaj Medical Hall, Sitapur	131		
4	725	2.2.22	Mahaveer Medical Hall, Sitapur	463		
5	738	7.2.22	Mahaveer Medical Hall, Sitapur	468		
6	6745	11.2.22	Shukla Medical Store, Sitapur	637		
7	743	21.2.22	Mahaveer Medical Hall, Sitapur	140		
8	38620	14.2.22	Shivansh Associates, Sitapur	496		
9	22568	21.2.22	Sitapur Medical Hall, Sitapur	649		
10	39770	22.2.22	Shivansh Associates, Sitapur	200		
11	39972	24.2.22	Shivansh Associates, Sitapur	423		
12	546	1.3.22	Guddu Medical Store, Sitapur	399		
13	747	2.3.22	Mahaveer Medical Hall, Sitapur	350		
14	23428	5.3.22	Sitapur Medical Hall, Sitapur	209		
15	1789	8.3.22	Dheeraj Medical Center, Sitapur	50		
16	1917	9.3.22	Dheeraj Medical Center, Sitapur	170		
17	741	10.3.22	Mahaveer Medical Hall, Sitapur	290		
18	42237	12.3.22	Shivansh Associates, Sitapur	303		
19	767	15.3.22	Mahaveer Medical Hall, Sitapur	894		
20	105816	21.3.22	Sarkar Diagnostics, Lucknow	1270		
21	716	22.3.22	Guddu Medical Store, Sitapur	1518		
22	43708	24.3.22	Shivansh Associates, Sitapur	232		
23	763	26.3.22	Mahaveer Medical Hall, Sitapur	140		
24	44302	29.3.22	Shivansh Associates, Sitapur	653		
25	44573	31.3.22	Shivansh Associates, Sitapur	280		
26	826	7.4.22	Shivansh Associates, Sitapur	344		
27	829	9.4.22	Mahaveer Medical Hall, Sitapur	816		
28	6867	10.4.22	Shukla Medical Store, Sitapur	350		
29	2453	18.4.22	Shiaay Medical Store, Haridwar	1350		
30	321	18.4.22	Aastha Medical Store, Haridwar	261		
31	846	21.4.22	Mahaveer Medical Hall, Sitapur	864		
32	1381	22.4.22	Sitapur Medical Hall, Sitapur	88		
33	2474	22.4.22	Dheeraj Medical Center, Sitapur	1432		
34	854	26.4.22	Mahaveer Medical Hall, Sitapur	668		
35	855	27.4.22	Mahaveer Medical Hall, Sitapur	222		
36	4097	2.5.22	Shivansh Associates, Sitapur	742		
37	2154	4.5.22	Sitapur Medical Hall, Sitapur	108		
38	4581	5.5.22	Shivansh Associates, Sitapur	188		
39	537	11.5.22	Shivansh Associates, Sitapur	1055		
40	3101	18.5.22	Sitapur Medical Hall, Sitapur	137		
41	646	19.5.22	Shivansh Associates, Sitapur	344		
42	2495	21.5.22	Dheeraj Medical Center, Sitapur	1370		
43	7465	27.5.22	Shivansh Associates, Sitapur	384		
44	7909	31.5.22	Shivansh Associates, Sitapur	903		
			Total	22355		


जिला चिकित्सालय, सीतापुर

- (e) that the patient is/was suffering from Dupezom c and is/was under my treatment from 29.01.2022 to 31.05.2022 ventgo,
- (f) that the patient is/was not given prenatal or postnatal treatment
- (g) that the X-Ray, Laboratory test, etc. for which expenditure of Rs. was incurred were necessary and were undertaken on my advice at
(Name of hospital or laboratory)
- (h) that I referred the patient to Dr. X for specialist consultation and that the necessary approval of the (Name of the Chief) as required under the rules (Administrative Medical Officer of State.)
- (i) that the patient did not required hospitalization X Required.

Dated:.....

Signature & Designation of the Medical Officer and the hospital dispensary to which attached.

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

COUNTERSIGNED

Dhy
मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय
सीतापुर

Medical Superintendent
.....Hospital

I certify that the patient has been under treatment at the D. U. Hospital Siitapur hospital and that facilities provided were the minimum which were essential for the patient's treatment.

Place Siitapur
Date.....

Dhy
Medical Superintendent
.....Hospital

मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय
सीतापुर