

**HVPNL/UHBVNL/HPGCL/DHBVNL
(ESSENTIALITY CERTIFICATE)**

Treatment taken in Approved/Govt. Hospital or Private Hospital or Cashless Policy.

Name of Employee /Pensioner	
Employee HRMS code/PPO No.	
Name of claimant	
Designation	
Office in which employed	
Residential Address of employee/Retiree	
Name of Patient	
Patient Card no. (HPU's Health center card no.)	
Relationship of patient with claimant	
Period of treatment	
Employee bank account no. (same where pay or pension is being disbursed)	
Bank Branch Address:	IFSC code:
Basic pay/basic pension:	Indoor Ticket no.

In case treatment taken under Cashless Policy

Name of claimant Hospital	
Name of Bank and address	
Account No.	
IFSC	

Certified that the above named patient has been under my treatment in hospital/dispensary. The under mentioned medicines prescribed by me were essential for the recovery/prevention of serious deterioration the condition of the patient. The medicines are not stocked in the Hospital (for supply to the patients) and do not include preparation which are primarily food, toiletry or disinfectant.

Certified that:

1. The treatment given was Indoor/Outdoor
2. The price claimed is reasonable.
3. The medicines are not in the form of tonic food or vitamins, the cost of which is not reimbursable in govt. orders issued on the subject form time to time.

The patient was suffering from _____

Sr. No	Name & quantity of medicines	Outdoor/Indoor ticket No. & date of prescription	Date on which actually purchased	Amount (in Rs)

In case of indoor treatment

Certified that the medicines claimed in this bill are as per Ticket no: _____ which relates to the case.

Signature of AMA
(Name in Block Letters)

Certified that:

1. The medicines have actually been purchased by me during the course of treatment.
2. I am not drawing fixed cash medical allowance.
3. In case Spouse is not employed /working:
The patient is my spouse and he/she is wholly dependent upon me and is residing with me.
4. **In case of children:**
The patient is my child and he/she is wholly dependent upon me and is residing with me and he/she is unmarried & unemployed. His /her monthly income does not exceed Rs 3500/-
5. **For parents only:**
The parent/parents is/are wholly dependent upon me and residing with me. The monthly income of my parents does not exceed Rs 3500/- PM.
6. **In case spouse is working:**
A) My spouse is not getting fixed cash medical allowance and is not getting any medical reimbursement from his/her parent department.
7. I am not/was not an ad-hoc employee but working on regular basis.

Signature of Claimant

Full Name _____

Dated: _____

Designation _____

Office/ Department _____

Mobile No. _____

