

RAJIV GANDHI NATIONAL UNIVERSITY OF LAW, PUNJAB

(Established Under the Punjab Act No. 12 of 2006)

(Accredited with 'A' Grade by NAAC)

SIDHUWAL, BHADSON ROAD, PATIALA – 147 001, PUNJAB, INDIA

Ph.: 0175-2391342



UNIVERSITY HEALTH CENTRE

ESSENTIAL CERTIFICATE (Dependent)

It is certified that.....employment in the RGNUL, his/her..... has been under treatment in the.....and the under mentioned medicines/prescribed by me in the connection are absolutely essential for the recovery/prevention services desertions in the condition of the above dispensary/hospital for the supply to the entitled patient and do not in the proprietary for which the cheaper medicine substitute equal the patient is value are not available not preparation and preparatory food toilets of designate.

1. Certified that the treatment as indoor patient was necessary.
2. Certified that the medicines are not born in the list of medicine store in the department.
3. Certified that the medicine charges have not cheap effective
4. Certified that the medicine is not the tune of tonic etc.
5. Certified that the medicine price is reasonable.
6. Certified that the medicines/ Prescribed are not in the list of non-refundable. Non-refundable medicine/articles list revised vide Govt. letter no. 175-IS/15582/CA_CHSO/7786, DT 5.1.2000.
7. He/She was suffering from
8. Period of treatment To

S.No.	Bill Detail	Bill no.	Date	Price

Signature of Medical Attendant

1. Certified that is my.....
2. Certified that medicine were purchased consumed during the treatment.
3. Certified that any kind of excess payment given to me in Medical Reimbursement claim may be recovered according to the norms of the University.

Signature of Claimant

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UNIVERSITY HEALTH CENTRE

ESSENTIAL CERTIFICATE (Self)

It is certified that _____ employment in the RGNUL, has been under treatment in the _____ and the under mentioned medicines/prescribed by me in the connection are absolutely essential for the recovery/prevention services desertions in the condition of the above dispensary/hospital for the supply to the entitled patient and do not in the proprietary for which the cheaper medicine substitute equal the patient is value are not available not preparation and preparatory food toilets of designate.

1. Certified that the treatment as indoor patient was necessary.
2. Certified that the medicines are not born in the list of medicine store in the department.
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8. He/ She was suffering from
9. Period of treatment To

S. No.	Name of the item	Bill no.	Date of purchase	Price

Signature of Medical Attendant

10. Certified that medicine were purchased consumed during the treatment.
11. Certified that any kind of excess payment given to me in Medical Reimbursement claim may be recovered according to the norms of the University.

Signature of Claimant

UNDERTAKING (Dependent)

1. I (name)_____ am a regular/Contractual Employee of RGNUL Punjab. I hereby declare that I am entitled for Medical Reimbursement claim from the University for self & my dependent family members.
2. I also declare that Shri/Smt./Master_____aged _____ years for whom the Medical treatment was taken is my_____ (relationship) and is fully depended upon me & his/her name is also entered in my Entitlement card. He/She is working_____
3. I also declare that I have applied this Medical Reimbursement claim only at RGNUL Punjab and has not made claim from any insurance company or agency /Organization.
4. I also declare that the amount that will be reimbursed against my bills will be acceptable to me and I will not take any legal action against the decision.
5. I also declare that any kind of excess payment given to me in Medical Reimbursement claim may be recovered according to the norms of the University.

Signature of Employee : _____

Designation : _____

Department : _____

Date: _____

UNDERTAKING (Self)

1. I (name)_____ am a regular/Contractual Employee of RGNUL Punjab. I hereby declare that I am entitled for Medical Reimbursement claim from the University for self & my dependent family members.
2. I also declare that I have applied this Medical Reimbursement claim only at RGNUL Punjab and has not made claim from any insurance company or agency /Organization.
3. I also declare that the amount that will be reimbursed against my bills will be acceptable to me and I will not take any legal action against the decision.
4. I also declare that any kind of excess payment given to me in Medical Reimbursement claim may be recovered according to the norms of the University.

Signature of Employee : _____

Designation : _____

Department : _____

Date: _____