

Two Sets ( Original and Xerox )

1. Covering letter of the Member.
  2. Appendix - II
  3. Emergency Certificate
  4. Essentiality Certificate
  5. Discharge Summary
  6. Detailed Bill / Final Bill
  7. Non-drawal and dependent certificate
- } Signatures and Hospital Stamp.

( For Dental treatment Referral letter from Area Govt. Hospital )

## APPENDIX - II

Application for claiming reimbursement of medical expenses incurred in connection with medical attendance and treatment of the Legislator and his family members:

1. Name of the Legislator :  
(in block letters)
2. Office :
3. Salary of MLA and other emoluments :  
which should be shown separately
4. Place of duty :
5. Full residential address with door No. :  
and name of the Mohalla
6. Name of the patient and his/her :  
relationship to the Legislator.
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of amount claimed :  
(cost of medicines purchased from the  
market/list of medicines, cash memos  
and the Essentiality Certificate should  
be attached each in duplicate signed  
by the treating Doctor)
10. Total amount claimed :
11. List of enclosures :

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 a member of my family and wholly dependent upon me.

Place:

DATE:

SIGNATURE OF THE LEGISLATOR.

**NONDRAWL**

I am to inform you that the amount Rs. \_\_\_\_\_ claimed in this Medical bill has not been drawn previously.

Signature of the Member

**DECLARATION**

I am to declare that the medical bill submitted for reimbursement of Rs.....(Rupees.....  
..... towards .....treatment. I am declare that Sri/Smt/Kum \_\_\_\_\_ my \_\_\_\_\_ is fully depended on me.

Signature of the Member