

ANNEXURE -X

Medical Certificate Cum Medical Treatment Cost Certificate

(to be Submitted for Medical Grant Claims Vide Rule 26 (e) of the KSCEWB)

1. Full Name & Address of Patient :

2. Name of Father / Husband :

3. Sex & Age

4. Date of Admission / Consultation :

5. Date of Discharge :

6. Name of Disease Diagnosed :

7. Treatments / Surgical Procedures :
under went if any

8. Details of Medical Treatment Cost (MTC)

(Applicable for claims under Rule 26(e (6) & 26 e (7) only)

- | | |
|----------------------------------|------|
| 1) Cost of Medicines | : Rs |
| 2) Treatment & Surgical Expenses | : Rs |
| 3) Hospitalization Expenses | : Rs |
| 4) Doctors Fee | : Rs |
| Total Cost | : Rs |

Total in Rupees

..... Only

- 1) I certify that the above person has been under treatment at this hospital / at my care and consultation as stated above
- 2) The above mentioned expenses including cost of medicines prescribed by me in this connection were essential for the recovery / preventions of serious deterioration in the condition of the above patient and are as per bills and payment evidences furnished.
- 3) The medicines prescribed do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, nor preparations which are primary foods, tonic, toilet preparation or disinfectants.

Place :

Date :

Name and Title Stamp & Signature
Of the Medical Attendant

Name
Contact Address &
Telephone Number of Hospital

Official Stamp
of Hospital