

GOVERNMENT OF RAJASTHAN
STATE INSURANCE AND PROVIDENT FUND DEPARTMENT
(GENERAL INSURANCE FUND)

‘D’ BLOCK, VITTA BHAWAN, JANPATH, JAIPUR

Phone : 0141-2740219, 2740292

GROUP MEDICLAIM INSURANCE POLICY(RAJ MEDICLAIM)

(1.4.2012 – 31.3.2013)

WHEREAS the insured designed in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated has applied to GENERAL INSURANCE FUND (herein after called the GIF) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed here on the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident(hereinafter called INJURY) and if such disease or injury shall required any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon(hereinafter called SURGEON) to incur hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as an inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claim/s becoming admissible under this scheme, the GIF will pay through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
 - (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per entitlement of the employee mentioned in the Schedule.
 - (B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
 - (C) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Coast of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses.(N.B.: GIF's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. **DEFINITIONS** :

- 2.1 **HOSPITAL** means any registered institution in or outside Rajasthan established for indoor care and treatment of diseases and injuries and which are :-
 - (a) All the Government hospitals in the State of Rajasthan
 - (b) The Hospitals outside Rajasthan which have been approved by the Govt. of Rajasthan (**Appendix -1**)
 - (c) Private Hospitals within Rajasthan duly approved by Govt. of Rajasthan under the Rajasthan Civil Services Medical Attendance Rules 2008 and also given the acceptance to work with GIF on CGHS Package Rates (**Appendix-2**). Those private hospitals which are added in approved list time to time by the Government of Rajasthan and give acceptance to work with GIF on CGHS Package Rates, shall also be automatically empanelled under the scheme.
 - (d) **If a private hospital, which is approved for treatment of State Government employees under Rajasthan Civil Services Medical Attendance Rules 2008, has not given acceptance to GIS Office to provide it's services on CGHS packages/rates and an insured has taken treatment in such hospital, then he/she shall be paid on CGHS package , difference amount shall be borne by him/herself(i.e.insured).**
- 2.2 **Surgical Operation'** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

- 2.3 Expenses on Hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and weighted by TPA.
- 2.4 CGHS packages shall be applicable in Rajasthan, as laid down by CGHS for Jaipur City and in other States it shall be applicable as laid down by CGHS for various places in India. The bed charges shall be paid according to the category of the employee. The diseases for which no package rate is mentioned in CGHS package rate will be paid according to AIIMS package rates. If there is no CGHS and AIIMS package rate then actual payment shall be paid.
3. **ANYONE ILLNESS** :-
Any one illness will be deemed to mean continuous period of illness and it includes relapse within **45 days** from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of **45 days** as stated above will be considered as fresh illness for the purpose of this policy.
- 3.1 **PRE-HOSPITALISATION** :-
Relevant medical expenses incurred during period up to **30 days** prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim and this facility would be given in critical diseases.
- 3.2 **POST HOSPITALISATION** :-
Relevant medical expenses incurred during period up to **45 days** after hospitalisation on disease/illness/injury sustained will be considered as part of claims and this facility would be given in critical diseases.
- 3.3 **MEDICAL PRACTITIONER** means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective State of Rajasthan. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- 3.4 **QUALIFIED NURSE** means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
- 3.5 **MATERNITY EXPENSES BENEFIT** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.
- 3.6 **TPA** means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIF, for the provision of health services.
- 3.7 **CASHLESS FACILITY** – Cashless facility would be extended to the Insured in the private networking Hospitals for the critical ailments (Means:- **i.** Coronary Artery Surgery **ii.** Cancer **iii.** Renal Failure i.e. failure of both the kidneys **iv.** Stroke **v.** Multiple Sclerosis **vi.** Meningitis **vii.** Major Organ transplants like Kidney, Lung, Pancreas or Bone marrow Transplantation) and the treatment requiring surgical treatments as per Guide lines issued by the GIF. However, The TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.
- 3.8 **CLAIM INTIMATION TO TPA** - It is required by the employees that the claims arising in private hospitals should be intimated by cashless request form/ claim intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the employee shall not be entitled for reimbursement.
- 3.9 **Claim Intimation to TPA in case of Government Hospitals** – It is required by the employees that the claim arising in Govt. Hospitals should be intimated in writing to the concerned, District State Insurance & Provident Fund office, on the same day patient is admitted to the hospital, otherwise, the employee shall not be entitle for reimbursement.
- 3.10 **DEPENDENT FAMILY** – The ‘family’ of the employee shall include the employee, his/her spouse, not more than two dependent children upto 21 years of age and dependant parents. The parents shall be regarded as wholly dependent upon the Government servant, if-
- they normally reside with the Government servant at the place of his duty, and
 - their total monthly income from all sources does not exceed Rs.2000/- per month.

- 3.11 FAMILY DETAIL** – Every newly recruited employee shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form(**Appendix 3**) immediately after joining the service otherwise his salary bill of the designated month will not be passed by the Treasury Officer.
Explanation – Details of the family means : Name, Designation, DDO, Date of joining Government Service, Names of Family members, Age, Pay/ Pay Scale/Stifund.
4. **SCHEDULE** : The Schedule enclosed will be deemed to be a part of the policy.
5. **EXCLUSION** :
- The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:
- 5.1 Diagnostics/ Investigations unless followed by indoor treatment of 24 Hours.
 - 5.2 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
 - 5.3 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
 - 5.4 Cost of Spectacles and contact lenses, hearing aids
 - 5.5 Dental treatment or surgery of any kind unless requiring hospitalisation due to an incident.
 - 5.6 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol/poisonous substances.
 - 5.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
 - 5.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
 - 5.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
 - 5.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
 - 5.11 Naturopathy Treatment.
 - 5.12 Pre existing diseases of employee shall not be covered under this scheme.
 - 5.13 In such situations in which there are no urgency of hospitalisation and treatment can be given at home and which is not pertain to section 2.3.
6. **CONDITIONS** :
- 6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.
 - 6.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the GIF signed by a duly authorised official of the GIF. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to any thing to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to made any payment under this Policy. No waiver of any terms, provisions, condition and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the GIF.
 - 6.3 In cases of grave emergency viz. life threatening diseases like kidney or heart ailments and accidents in which Government Servant has taken treatment as indoor patient in a private hospital within Rajasthan, he/she shall intimate to TPA with full particulars within 24 hours from the time of hospitalization and take approval from TPA / GIF. At the time of claim submission the emergent nature of hospitalization has to be established by an affidavit of the employee supported by a certificate of the treating doctor. Claim shall be paid as per CGHS Package Rates.
 - 6.4 **Insured shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at reception counters of all empanelled hospitals (Appendix-5). If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIF shall reimburse only on CGHS rates/ packages, difference amount shall be borne by the insured..**
 - 6.5 All supporting documents relating to the claim must be filed with TPA/GIF within **90 days** from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to **45 days**), all claim documents should be submitted within **90 days** after completion of such treatment.

- 6.6 The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.
- 6.7 Any medical practitioner or an officer authorised by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/GIF.
- 6.8 The GIF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 6.9 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 6.10 If and when the Employee has submitted his/her family details to the concerned State Insurance District office and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.
- 6.11 The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF's short period rate only (Table given here below) provided no claim has occurred up to the date of cancellation.

| <u>PERIOD ON RISK</u> | <u>RATE OF PREMIUM TO BE CHARGED</u> |
|-----------------------|--------------------------------------|
| Upto one month | 1/4 th of the annual rate |
| Upto three months | 1/2 of the annual rate |
| Upto six months | 3/4 th of the annual rate |
| Exceeding six months | Full annual rate |

- 6.12 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the GIF has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

- 6.13 If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 6.14 All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GIF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (**Appendix 2**).
- 6.15 In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

6.16 **Entitlement category for boarding/accommodation in the Hospital :-**

| Category | Pay Scale* | Entitlement in Govt. Hospital | Entitlement in Approved Private Hospital | Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates |
|----------|---|-------------------------------|--|---|
| A | Rs. 25000/- & above | Deluxe | Private Ward | Rs. 3000/- per day |
| B | Rs. 14000/- and about but less than Rs. 25000/- | Cottage | Semi Private Ward | Rs. 2000/- per day |
| C | Below Rs. 14000/- | General Ward | General Ward | Rs. 1000/- per day |

* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

6.17 Pre existing diseases of the employee would not be covered in this policy except the parents of employee who are dependent of employee as per section 3.10.

6.18 Medical examination of the Government Servant or any member of his family shall not be a condition for issue of Mediclaim Policy.

6.19 A female employee can get the Mediclaim coverage either for her parents or Parents in law in case they are dependent on her and their monthly income is less than Rs. 2000/- and they are residing with her generally.

6.20 A master policy has been issued & copy of policy has been provided to all Drawing & Disbursing officer of State Government. It is required from every DDO that they would brought in notice of all the newly recruited employees regarding terms & condition of the policy. It is also expected that every newly recruited employee must have gone through the terms & conditions of the policy from their concerned DDOs.

6.21 This Policy is available at website : www.sipf.rajasthan.gov.in

7 **HIGH CLAIMS RATIO LOADING (MALUS)**

The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Mediclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

| 8 | <u>Incurred Claim ratio under the group policy</u> | <u>Loading</u> |
|---|---|-----------------------|
| | Between 70% and 100% | 25% |
| | Between 101% and 125% | 55% |
| | Between 126% and 150% | 90% |
| | Between 151% and 175% | 120% |
| | Between 176 and 200 | 150% |
| | Over 200% | Cover to be reviewed |

Note:

1 High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.

2 Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

9 **MATERNITY EXPENSES BENEFIT EXTENSION** : (Wherever applicable)

- 9.1 The maximum benefit allowable under this clause will be up to Rs. 50,000/- per family per year restricted to two living children. This amount is including sum-assured of Rs. 1,00,000 per family per annum.
- 9.2 The Maternity benefits under this policy are categorized into three :
- I Maximum limit under normal delivery : Rs. 10000/-
 - II Maximum limit under caesarean delivery : Rs. 20000/-
 - III Maximum limit under delivery related complications (Including child care) : Rs. 50000/-
- 9.3 Special conditions applicable to Maternity expenses Benefit Extension :
- I These Benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in Rajasthan.
 - II A waiting period of 9 months is not applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
 - III Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
 - IV Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
 - V Pre-natal and post natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.
 - VI Newly born child's expenses will also be treated as Maternity Expenses.

10 **PAYMENT OF CLAIM**

- 10.1 The insured shall submit the claim form through DDO to the TPA in the prescribed performa (**Appendix 4**).
- 10.2 For Re-imburement photo will be pasted by the concerned employee (if he doesn't possess the identity card) which will be duly verified by the treating doctor/ DDO so as to confirm the identity of the Patient.
- 10.3 No cashless facility will be provided if the identity cards have not been obtained by the policy holder.
- 10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person as the case may be normally within 30 days from the date of receipt of completed claim proposals by the TPA.

राजस्थान सरकार
राज्य बीमा एवं प्रावधायी निधि विभाग
(साधारण बीमा निधि)

डी-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, ज्योति नगर, जयपुर।

दूरभाष - 2740219, 2740292 (फैक्स)

मेडिकलेम बीमा पॉलिसी शिड्यूल

(विशेष निर्मित पॉलिसी)

मुख्य सचिव, राजस्थान सरकार, जयपुर

पॉलिसी नं. : जी.आई.एफ./ .81 / मेडि. / 2012-13 / 02

बीमा अवधि : 01.04.2012 से 31.03.2013 (मध्य रात्रि)

बीमित का नाम : समस्त राज्य कर्मी जो
दिनांक 1.1.2004 के बाद
भर्ती हुए हैं एवं आश्रित परिजन।

जारी की तारीख : 01.04.2012

कुल बीमा राशि : रूपये 2 लाख

(प्रति कर्मचारी एवं उनके नियमानुसार
आश्रित परिजन)

प्रीमियम : 500/- + 12.36 : सेवा शुल्क+

30/- विविध खर्चा प्रति राज्य कर्मचारी
(प्रीमियम राज्य सरकार द्वारा भुगतान)

Category - A / B / C

कुल कर्मचारी (जिनके लिए प्रीमियम प्राप्त) - 1,50,000

शुद्ध प्रीमियम रू. 7,50,00,000/-

सेवाकर रू. : 92,70,000/-

विविध खर्च रू. 45,00,000/-

कुल प्रीमियम रू. 8,87,70,000/-

(संदर्भ- प. 4 (12) वित्त/राजस्व/2004 पार्ट-1 लूज दिनांक 05.04.2012

जोखिम का विवरण

जोखिम आवरण : राज्य कर्मी तथा परिजनों हेतु गुप मेडिकलेम, विशेष रूप से निर्मित
पॉलिसी-बीमा राशि रूपये 2 लाख

पॉलिसी : राज्य कर्मी के परिवार में निम्न शामिल है।

क्लॉज के अध्यक्षीन

(a) राज्यकर्मी (स्वयं), (b) उसका/उसकी पति/पत्नी

(c) 2 आश्रित बच्चें जिनकी आयु 21 वर्ष से अधिक नहीं हों।

(d) आश्रित माता/पिता राज्य कर्मी पर आश्रित माने जायेंगे: जबकि वे
सामान्य तथा राज्य कर्मी के साथ, उसके तैनाती स्थल पर रहते हों एवं
उनकी मासिक आय सभी स्त्रोतों से रूपये 2000/- से अधिक नहीं हो।

दावे के लिए सम्पर्क करें: इस पॉलिसी से संबंधित दावों/दस्तावेजों को निम्न कार्यालय में दें।

अनुयता मेडिनेट हैल्थ केयर टी.पी.ए. प्रा.लि.

बी-204 अमृत कलश बिल्डिंग, कमल एण्ड कम्पनी,

गोपालपुरा टोंक रोड जयपुर

वेब साइट: www.anyutatpa.com

फोन नं.-0141-6596565 / 2700792, हैल्प डेस्क मो0 नं0: 8764176164

फैक्स नं0 - 0141 - 2700792

ई मेल:- jaipurbo@anyutatpa.com

उपरोक्त में यदि कोई परिवर्तन होता है तो उसकी सूचना पृथक से जारी की जावेगी।)

साधारण बीमा निधि की मेडिकलेम पालिसी की सामान्य शर्तों के अध्यक्षीन राज्य कर्मी को बीमा आवरण प्रदान किया गया है।

-sd-

अतिरिक्त निदेशक(मेडिकलेम)

-sd-

निदेशक

राज्य बीमा एवं प्रा0नि0 विभाग

COVERAGE [ILLUSTRATIVE]

1. The policy holder Government servant shall be entitled to indoor treatment in all State Government hospitals, Government Approved private Hospitals outside Rajasthan, TPA (Third Party Administrator) approved private hospitals within the State of Rajasthan.
2. The policy holder Government servant and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating Government doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.
3. For the indoor treatment taken in approved private hospital within State and hospitals outside Rajasthan; policy holder Government servant and his family members shall be entitled for reimbursement of following expenses:-
 - A) Room, Boarding, Expenses charged by the Hospital/nursing home
 - B) Nursing Expenses.
 - C) Surgeon, Anesthetist, Medical Practitioners, Consultants, Specialists fees
 - D) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.
4. In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

| | |
|-----------------|-------------------|
| Govt. Hospitals | Private Hospitals |
|-----------------|-------------------|
5. **Entitlement category for boarding/accommodation in the Hospital :-**

| Category | Pay Scale* | Entitlement in Govt. Hospital | Entitlement in Approved Private Hospital | Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates |
|----------|---|-------------------------------|--|---|
| A | Rs. 25000/- & above | Deluxe | Private Ward | Rs. 3000/- per day |
| B | Rs. 14000/- and about but less than Rs. 25000/- | Cottage | Semi Private Ward | Rs. 2000/- per day |
| C | Below Rs. 14000/- | General Ward | General Ward | Rs. 1000/- per day |

* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

EXCLUSION :

The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

- 1 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 2 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 3 Cost of Spectacles and contact lenses, hearing aids
- 4 Dental treatment or surgery of any kind unless requiring hospitalization due to an incident.
- 5 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol.
- 6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Muntz Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 7 Charges incurred at Hospital or Nursing Home primarily for diagnosis X- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- 9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 10 Naturopathy Treatment.
- 11 Pre existing disease shall not be covered under this scheme.
- 12 In such situations in which there are no urgency of hospitalization and treatment can be given at home.

CONDITIONS :

- 1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF.
- 2 Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA immediately and in case of emergency Hospitalization with in 24 hours from the time of Hospitalization.
- 3 All supporting documents relating to the claim must be filed with TPA/GIF within **90 days** from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to **45 days**), all claim documents should be submitted within 90 days after completion of such treatment.
Note : Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the GIF that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. In such cases Additional Director GIF can waive up to 6 month delay. While the delay of 6 to 12 month can be waived by Director SI&GPF.
- 4 The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.
- 5 Any medical practitioner authorized by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the TPA/GIF.
- 6 The GIF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 7 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 8 The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF's short period rate only provided no claim has occurred up to the date of cancellation.
- 9 If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 10 Cash less facility would be extended to the insured as per terms & conditions of the policy.
- 11 **Insureds shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at the reception counter of all empanelled hospitals. (Appendix-5). If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIF shall reimburse only on CGHS rates/ packages, difference amount shall be borne by the insured.**

**List of Hospitals approved by the State Government for treatment outside
Rajasthan**

1. All India Institute of Medical Sciences, New Delhi.
2. Apollo Hospital, Madras.
3. Bombay Hospital, Bombay.
4. Cancer Institute, Adayar, Madras.
5. Christian Medical College & Hospital, Vallore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
9. Gujarat State Cancer & Research Institute (M.P. Shah Cancer Hospital), Ahmadabad.
10. Irwin Hospital, New Delhi.
11. J.J. Hospital, Bombay.
12. Jaslok Hospital, Bombay.
13. K.E.M. Hospital, Bombay.
14. Lady Hardinge Medical College Hospital, New Delhi(for women and children).
15. N.M. Wadia Institute of Cardiology, Pune.
16. Post Graduate Institute, Chandigarh.
17. Rajiv Gandhi Cancer Institute & Research Center, Delhi.
18. Tata Memorial Hospital, Bombay.
19. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmadabad

Approved Private Hospitals in Rajasthan

| S.N. | Hospital Name |
|------|---|
| | Multi Speciality Hospitals: |
| 1 | S.K.Soni Hospital, Jaipur |
| 2 | Gheesibai Memorial Mittal Hospital And Research Centre, Ajmer |
| 3 | Bhandari Hospital and Research Center Jaipur |
| 4 | Mahatma Gandhi Medical College & Hospital, Jaipur |
| 5 | Tagore Hospital & Research Institute, Jaipur |
| 6 | Apex Hospital, Jaipur |
| 7 | Jaipur Hospital, Lal kothi, Jaipur |
| 8 | NIIMS Hospital, Jaipur |
| 9 | Mittal Hospital, Alwar |
| 10 | Ramsnehi Hospital and Research Centre, Bhilwara |
| 11 | Goyal Hospital & Research, Jodhpur |
| 12 | Bharat Vikas Parishad Hospital & Research Centre, Kota |
| 13 | Fortis Modi Hospital, Kota |
| 14 | Jaisawal Hospital & Neuro Institute, Kota |
| 15 | Sudha Hospital & Medical Research Centre, Kota |
| 16 | Geetanjali Medical College & Hospital, Udaipur |
| 17 | Maa Gayatri Hospital, Udaipur |
| 18 | Kalpana Nursing Home, Udaipur |
| 19 | GBH American Hospital, Udaipur |
| 20 | Global Hospital & Research Centre, Mount Abu |
| | Only for Cardiology & City Surgery Super Speciality Hospitals: |
| 21 | Heart & General Hospital, Jaipur |
| 22 | Jaipur Heart Institute, Jaipur |
| | Only for Neurosurgery Super Speciality Hospital: |
| 23 | Indowestern Brain & Spine Hospital, Jaipur |
| | Only for Oncology Super Speciality Hospital: |
| 24 | Bhagwan Mahaveer Cancer Hospital & Research, Jaipur |
| | Only for ophthalmology Super Speciality Hospital: |
| 25 | Anand Hospital and Eye Centre, Jaipur |
| 26 | Kshetrapal Eye Hospital & Lasic Laser Centre, Ajmer |
| | Only for Cardiology Super Speciality Hospital: |
| 27 | Kota Heart Institute, Kota |

Any change will be notified separately

राजस्थान सरकार
राज्य बीमा एवं प्रावधायी निधि विभाग (साधारण बीमा निधि)
डी-ब्लॉक, वित्त भवन, जनपथ, ज्योति नगर, जयपुर (राजस्थान)
दूरभाष - 2740219, 2740292 (फैक्स)
मेडीक्लेम पॉलिसी के लिए डेटाबेस हेतु परिवार विवरण
Family Detail for Mediclaim Policy Database

कर्मचारी द्वारा सभी कॉलम हिन्दी व अंग्रेजी में भरे जाने अनिवार्य हैं। कोई भी कॉलम खाली होने पर प्रस्ताव पत्र निरस्त कर दिया जावेगा।

1. राज्य कर्मचारी का पूरा नाम
Name of Employee
 2. पिता/पति का नाम
Name of Father/Husband
 3. कर्मचारी की राज्य सेवा में कार्यग्रहण तिथि
 4. वर्तमान वेतन स्टाइपेंड(STIPEND)वेतन श्रंखला/Payscale.....
 5. न्यू पेंशन योजना नम्बर
 6. बीमा विभाग द्वारा जारी यू.आई.डी. नम्बर
 7. वर्तमान पद जन्म तिथि/DOB
 - Present Designation
 8. वर्तमान आहरण वितरण अधिकारी का पद (हिन्दी में)
(In English)
 9. आवासीय पता (हिन्दी में).....
Home Address (In English)
 10. फोन नम्बर:- कार्यालय निवासमो.न:-.....
- कर्मचारी के परिवार के सदस्यों का विवरण (कृपया सदस्यों का विवरण अंग्रेजी में भरें)

| क्र.सं. | नाम | राज्य कर्मचारी से सम्बन्ध | उम्र | जन्म तिथि | लिंग M/F |
|---------|-----|---------------------------|------|-----------|-------------|
| 1. | | स्वयं | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

नोट-

1. परिवार सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही उल्लेख किया जावे।
2. यदि माता-पिता की सम्मिलित आय दो हजार रुपये प्रति माह से कम है एवं राज्य कर्मचारी के पदस्थापन स्थान पर सामान्यतया साथ रहते हों तभी उनका उल्लेख किया जावे।
3. परिवार सदस्यों के स्टाम्प साईज के फोटो चिपका कर कर्मचारी उस पर हस्ताक्षर करें तथा सबके एक अतिरिक्त फोटो परिचय पत्र हेतु उपलब्ध कराएं।

| | | | | | |
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| | | | | | |
|--|--|--|--|--|--|

नाम

घोषणा पत्र

मैं पुत्र/पुत्री/श्री..... पद

आयु यह घोषणा करता हूं कि ऊपर दिया गया विवरण पूर्णतया सत्य है और कोई तथ्य छिपाया नहीं गया है। ईश्वर मेरी सहायता करें।

दिनांक:

हस्ताक्षर अधिकारी/कर्मचारी

उपरोक्त विवरण कार्यालय रिकॉर्ड से जांच कर लिया गया है एवं बीमा जिला कार्यालय को आवश्यक कार्यवाही हेतु अग्रेषित किया जाता है।

दिनांक:

आहरण एवं वितरण अधिकारी
मय सील

उप/सहायक निदेशक,
राज्य बीमा एवं प्रा0 विभाग
जिला

राजस्थान सरकार
राज्य बीमा एवं प्रावधानी निधि विभाग
(साधारण बीमा निधि)
"डी"-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, जयपुर।
फोन : 2740219, 2740292
मेडिकलेम बीमा पॉलिसी दावा प्रपत्र

1. बीमाधारक का नाम : केवल कार्यालय प्रयोग के लिए
- उपनाम प्रथम नाम
(जिसके नाम से पॉलिसी जारी की गई है) दावा संख्या.....
2. पॉलिसी संख्या अवधि से तक
3. रोगी व्यक्ति का विवरण
क. नाम और बीमाधारक के साथ संबंध
ख. वर्तमान पूर्ण आयु
ग. घर का पता
- ध दूरभाष नं0 मोबाईल नं0
4. संसर्गजन्य रोग/बीमारी या लगी हुई चोट का प्रकार
5. वह दिनांक जिस दिन चोट लगने या रोग/बीमार होने का पहली बार पता चला
6. अस्पताल का नाम और पता.....
7. (क) भर्ती होने का दिनांक
- | | | |
|---|---|---|
| <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> |
| दिनांक | माह | वर्ष |
- (ख) छोड़े जाने का दिनांक
- | | | |
|---|---|---|
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| दिनांक | माह | वर्ष |
8. यदि दावा अधिवासी अस्पताल भर्ती के लिए है तो कृपया बताएं
- क. उपचार के प्रारम्भ का दिनांक
- | | | |
|---|---|---|
| <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> |
| दिनांक | माह | वर्ष |
- ख. उपचार समाप्त होने का दिनांक
- | | | |
|---|---|---|
| <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> |
| दिनांक | माह | वर्ष |
- ग. उपचार करने वाले चिकित्सक का नाम और पता -
9. संपूर्ण खर्चे का मदवार विवरण :-
- (अ) कमरा किराया(परिचर्या, भोजन आदि पर व्यय) :
- (ब) चिकित्सक/विशेषज्ञ/सर्जन शुल्क :
- (स) जॉच/परीक्षण व्यय
- (द) दवाईयों पर व्यय :
- (य) आपरेशन थियेटर का व्यय
- कुल :
10. बैंक खाता सं0 (salary a/c number) एवं बैंक का नाम
- (दावा राशि बैंक खाते में जमा करवाने के लिये बैंक पास बुक की छायापति संलग्न करें)
- 11 संलग्न दस्तावेज :-
- I. मेडिकलेम बीमा परिचय पत्र की संबंधित चिकित्सा अधिकारी प्रभारी से प्रमाणित फोटो प्रति।
(परिचय पत्र प्राप्त नहीं होने की स्थिति में रोगी का फोटो चिपकाया जाये।)
- II. अस्पताल के बिल, रसीद और छोड़े जाने का प्रमाण पत्र/कार्ड।
- III. उचित प्रिसक्रिपशन के साथ अस्पताल एवं दवाईयों के मूल प्रमाणित बिल/के । मीमो
- IV. सभी प्रकार के रोगों से संबंधित जांच रिपोर्ट के साथ एवं रोग के बारे में प्रमाण-पत्र
- V. अधिवासी अस्पताल भर्ती के संबंध में मरीज के घर में उसकी देखभाल करने वाली प्रशिक्षित नर्स से प्राप्त रसीद जिसके साथ उपचार करने वाले चिकित्सक का प्रमाण-पत्र।
- VI. उपचार करने वाले चिकित्सक से प्राप्त-पत्र जिसमें पॉलिसी के अधिवासी अस्पताल भर्ती क्लॉज के अंतर्गत उपचार करने के लिए कारण दिए गए हों।
- VII. उपचार करने वाले चिकित्सक/सर्जन से यह प्रमाण-पत्र कि मरीज रोगमुक्त हुआ है। (डिस्चार्ज टिकट)

घोषणा

मैं एतद् द्वारा घोषणा करता हूं कि उपर्युक्त विवरण सभी प्रकार से सत्य है और रोगी जिस पर चिकित्सा व्यय किया गया है वह पूर्णतया मुझ पर आश्रित है। मैं आगे घोषणा करता हूं कि उपर्युक्त इलाज के संबंध में कोई भी लाभ किसी अन्य चिकित्सा योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

200 के आज दिन पर में दिनांकित

रोगी का
हस्ताक्षरित फोटो
जो चिकित्सक
द्वारा प्रमाणित हो।

दावाकर्ता के हस्ताक्षर
मय पद नाम व पता

सत्यापन

प्रमाणित किया जाता है कि उपरोक्तानुसार विवरण सही है।

प्रमाणित किया जाता है कि श्री/श्रीमति/कु0/सुश्री.....पद..... वर्तमान में इस कार्यालय में पदस्थापित है एवं इनका वेतनमान..... है। कृपया भुगतान की व्यवस्था करवायें।

हस्ताक्षर आहरण वितरण अधिकारी मय सील

प्राधिकृत चिकित्सक/मेडिकल सुप्रीटेंडेंट के हस्ताक्षर

कार्यालय/TPA में प्रयोग के लिए

- (1) दावे का दिनांक (2) दावा संख्या
- (3) पॉलिसी संख्या (4) बीमित धनराशि रु.....
- (5) दावाकर्ता द्वारा उठाए गए खर्चों की अनुसूची – (1)
(2)
(3)
- (6) तैयारकर्ता
(प्रस्ताव पत्र से मिलान किया)
- (7) जांचकर्ता
- (8) अनुमोदितकर्ता कुल धनराशि दावे के अंतर्गत देय है: रु.
अग्रिम भुगतान घटाकर यदि कोई है तो (-)रु.
- (9) भुगतान के लिए पारित रूपये शुद्ध देय धनराशि रु.
- (10) यदि सम्पूर्ण दावा मंजूर नहीं किया गया तो उसका कारण –
सक्षम प्राधिकारी
- जारी किया गया डिमांड ड्राफ्ट/चैक नं. मय दिनांक

राजस्थान सरकार
राज्य बीमा एवं प्रावधायी निधि विभाग
(साधारण बीमा निधि)

नाम : Photo

पता :

पॉलिसी नं- % GIF/81/Medi/2007-08/01
आयु : M/F
आई.डी. नं.(CPF) :
पॉलिसी आरम्भ दिनांक : समाप्ति दिनांक:

“सामाजिक सुरक्षा – समय पर व्यवस्था”

| पत्नी/पति (नाम) | पुत्र/पुत्री (नाम) | पुत्र/पुत्री (नाम) | पिता (नाम) | माता (नाम) |
|--------------------|-----------------------|-----------------------|-------------------|-------------------|
| (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) |

अस्पताल में भर्ती होने पर संपर्क करें
TPA -

हस्ताक्षर मय सील
(जारी कर्ता)

GIF Help line : 0141-2740292

“राज. मेडिकलेम पॉलिसी आवेदन पत्र”

(1.1.2004 के पश्चात नियुक्त राज्य कर्मचारी/विद्युतकर्मी द्वारा भरा जावे)
(राज्य बीमा एवं प्रावधायी निधि विभाग द्वारा संचालित मेडिकलेम पॉलिसी के अन्तर्गत अस्पताल द्वारा सी.जी.एच.एस. दरों पर उपचार किया जाता है।)

1. रोगी का नाम
(Name of Patient)
2. बीमित राज्य कर्मचारी का नाम
(Insured State Government employee)
3. रोगी का राज्य कर्मचारी से सम्बन्ध
(Relation of patient with insured)
4. हॉस्पिटल में भर्ती होने का दिनांक
(Date of Admission in Hospital)
5. कर्मचारी की राज्य सरकार में नियुक्ति तिथि
(Date of appointment in State Government)
6. कर्मचारी का विभाग
(Department of employee)
7. कर्मचारी का वेतनमान
(Pay scale of employee)
8. कर्मचारी का एनपीएस नं०
(NPS No. of employee)
9. बीमा विभाग द्वारा जारी आई.डी. नं०
(ID No. issued by SI & PF deptt.)
10. कर्मचारी का टेली./मोबाईल नं०
(Tel. /Mobile No. of employee)
11. कर्मचारी का स्थायी पता
(Permanent address of the employee)

हस्ताक्षर कर्मचारी मय
विभाग का नाम

घोषणा

मैं एतद् द्वारा घोषणा करता हूं कि उपर्युक्त विवरण सभी प्रकार से सत्य है और रोगी जिस पर चिकित्सा व्यय किया गया है वह पूर्णतया मुझ पर आश्रित है। मैं आगे घोषणा करता हूं कि उपर्युक्त इलाज के संबंध में कोई भी लाभ किसी अन्य चिकित्सा योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

200 के आज दिन पर में दिनांकित

रोगी का
हस्ताक्षरित फोटो
जो चिकित्सक
द्वारा प्रमाणित हो।

दावाकर्ता के हस्ताक्षर
मय पद नाम व पता

सत्यापन

प्रमाणित किया जाता है कि उपरोक्तानुसार विवरण सही है।

प्रमाणित किया जाता है कि श्री/श्रीमति/कु0/सुश्री.....पद..... वर्तमान में इस कार्यालय में पदस्थापित है एवं इनका वेतनमान..... है। कृपया भुगतान की व्यवस्था करवायें।

हस्ताक्षर आहरण वितरण अधिकारी मय सील

प्राधिकृत चिकित्सक/मेडिकल सुप्रीटेंडेंट के हस्ताक्षर

