

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per bed head ticket No. _____ related to the case.

Signature and Stamp of A.M.A.

Certificate by Claimant: -

1. The medicines have actually been purchased by me during the course of treatment.
 2. I have not claimed this amount previously.
 3. My Husband/Wife has not claimed this amount from any other place.
 4. I am residing at _____
and have purchased the medicines from Super Bazar/Shop allocated
- OR
5. There is no Super Bazar/Co-operative Store at the place of treatment.
 6. The medicines have been purchased from private shop after obtaining non-availability certificate from Co-operative Store/Super Bazar.
 7. The amount of medicines purchased from Private Shop against one or more prescription does not exceed Rs.100/- in a month.
 8. The patient, Mrs./Mr. _____
is my wife/Husband/Son/Daughter who is residing with me, is unemployed and is wholly dependent upon me.
 9. The patient, Mrs./Mr. _____
is my Mother/Father who is residing with me is wholly dependent upon me and his/her income does not exceed Rs.3500/- P.M.
9. **In case spouse is working**
- (a) My Wife/Husband is not getting any fixed medical allowance from any source.
 - (b) My Wife/Husband is employed and He/She has not claimed re-imburement of any of these medicines from his/her employers

Signature of _____ M.L.A. _____

Name _____

Address _____
