

# **GURU NANAK DEV UNIVERSITY, AMRITSAR**

## **Essentiality Certificate**

I certify that Mr./Mrs/Miss \_\_\_\_\_ wife/son/daughter/  
father/mother/sister/brother of Sh./Smt. \_\_\_\_\_  
employed in the \_\_\_\_\_ Branch/Department, Guru Nanak Dev  
University has been under my treatment at the University Health-Centre/  
\_\_\_\_\_ Hospital my consulting room and that the under mentioned  
medicine prescribed by me in this connection and were absolutely essential for the treatment and  
recovery/prevention of serious deterioration in the condition of the patients. The medicines were  
not stocked in the University Health Centre for supply of entitled patients and do not include  
proprietary preparation for which cheaper substitute of equal and requisite value are available  
nor preparation which are primarily food, toilets or disinfecting.

2. Certified that treatment so in door patient was necessary.
3. Certified that the medicine charged have no cheaper effective substitute.
4. Certified that the medicines are not in the nature of tonic etc. that cost of which is not reimbursable under Govt. orders issued in the subject from time to time.
5. Period of treatment from \_\_\_\_\_ to \_\_\_\_\_
6. Certified that the treatment is complete/continuing \_\_\_\_\_
7. Certified that the price claimed is reasonable.
8. Certified that the medicines prescribed are not in the lists of inadmissible medicines/ articles/ as drawn up for Central Govt. Servants by the D.G.H.S. New Delhi vide his no, 4-18158 MIII dated 16 August, 1958 as amended from time to time which has been made applicable mutates mutandis to Punjab Govt. Servants vide Punjab Govt. Memo No. 10451-58 VIV-61/47769, dated 17.11.1981.
9. Certified that medicines are consumed/not consumed \_\_\_\_\_
10. He/She was suffering from \_\_\_\_\_
11. Basic Pay \_\_\_\_\_
12. Bank Account No: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

<b>Name of Medicines</b>	<b>Outdoor ticket No. &amp; Date on which prescribed</b>	<b>Date on which actually purchased</b>	<b>Amount Rs.</b>

**Countersigned  
Head of the Department**

**Signature, Designation of the  
University Medical Officer**

## **DEPENDENCE CERTIFICATE**

**(For Medical Reimbursement only)**

**I certify that Sh./Smt./Miss \_\_\_\_\_**

**Age \_\_\_\_ years \_\_\_\_\_ months (wife / husband / mother / father / brother / sister) is entirely dependent upon me. He/She has no other source of Income and residing with me. It is further certified that he/she is not employed any where.**

**The above statement is correct to the best of my knowledge. In case of any breach of faith, I shall be liable to any disciplinary action.**

**Signature of the employee  
and designation.**

**DEPENDENCE CERTIFICATE IN RESPECT OF CHILDREN**  
**(FOR MEDICAL REIMBURSEMENT ONLY)**

I, certify that Mr. /Miss \_\_\_\_\_

age \_\_\_\_\_ Years \_\_\_\_\_ months (son/daughter) is entirely dependent upon me. He/She has no other source of income and residing with me. It is further certified that he/she is not employed anywhere.

It is further certified that:-

- 1 My family is restricted to two children; or
- 2 more than two children but none is born on or after 14-03-1995; or
- 3 The claim does not include any amount relating to any child/children who is/are born on or after 14-03-1995.

The above statement is correct to the best of my knowledge. In case of any breach of faith, I shall be liable to any disciplinary action.

Signature of the employee  
and designation.