CENTRAL SANSKRIT UNIVERSITY
Janakpuri, Delhi-58

Detailed Calculation Sheet
(To be filled by the Campus)

Name of Employee/Retired Person   : -

Name of Patient   : -

Relationship with the Employee/Retired Person   : -

Pay Level & Basic Pay/Last Basic Pay   : -

Ward Entitlement   : -   General / Semi-Private/ Private (Tick the appropriate)

Name of Hospital   : -

Date of Admission   : -

Date of Discharge   : -

Category of Treatment   : -   Special Disease/ Prolonged/ IPD/ Hospitalization under Emergency (Tick the appropriate)

Sl. No.	Bill No./Invoice No. / Pharmacy Bill No. / Investigation Bill. No.	Bill Date/ Invoice Date/ Pharmacy Bill Date/ Investigation Bill Date	Amount Claimed	Amount Admissible under CGHS/ CS(MA)	Remarks	For use of CSU HQ Office Only

Sl. No.	Bill No./Invoice No. / Pharmacy Bill No. / Investigation Bill. No.	Bill Date/ Invoice Date/ Pharmacy Bill Date/ Investigation Bill Date	Amount Claimed	Amount Admissible	Remarks	For use of CSU HQ Office Only

(Dealing Assistant)   (Section Officer)   (Director of the Campus)

Note:-

(1) In case of special disease, the reimbursement of claims shall be restricted to only those disease or medical conditions classified as "Special Diseases" under the CS (MA) Rules/CGHS Rules. The categories of "Special Diseases" is defined in CS (MA) Rules/SOP circulated by the University.

(2) The Medical Reimbursement Claim form not supported by the checklist/detailed calculation sheet etc. will be returned.

(3) Before forwarding the Medical Claims to the Headquarters Office, Campus must adhere to the guidelines/instructions contained in Medical Attendance Rules of the University and Standard Operating Procedures