**भा.कृ.अनु.प. – राष्ट्रीय कृषि आर्थिकी एवं नीति अनुसंधान संस्थान (नीपा), देव प्रकाश शास्त्री मार्ग, पूसा, नई दिल्ली – 110012**

**ICAR – National Institute of Agricultural Economics & Policy Research (NIAP) Dev Prakash Shastri Marg, Pusa, New Delhi – 110 012**

**URL:** [**https://niap.res.in/**](https://niap.res.in/)

**CGHS Form A**

**(Form for Outpatient Reimbursement - Patients Not Hospitalized)**

**Required Certificate**

**Certificate ‘A’**

*(To be filled by patients who have not been hospitalized)*

**1. Patient’s Name and Relationship to CGHS Cardholder:**

**2. CGHS Card Number / Empanelment Number:**

**3. Name of Department / Office:**

**4. Address:**

**5. Details of Illness / Nature of Disease:**

**6. Place where treatment was received:**

**7. Name & Address of Doctor/ Hospital:**

**8. Dates and Duration of Medical Treatment:**
From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Amount Claimed for Reimbursement (with brief details):**

**10. Details of Medicines, Procedures, Tests, etc.:**

**Certification**

I hereby certify that the above-named patient has not been hospitalized (no inpatient treatment received) during the treatment period mentioned above.

**Declaration**

I declare that the information given above is true to the best of my knowledge and belief and nothing has been concealed.

**Signature of Patient (or Authorized Representative)**

**Date:**

**Notes :**

* This form is for reimbursement claims by CGHS beneficiaries who have not been admitted to any hospital for medical treatment.
* All claims must be accompanied by original bills/receipts and medical certificates/prescriptions.
* False information or misrepresentation may lead to rejection of claim and possible disciplinary/legal action.