

भा.कृ.अनु.प. – राष्ट्रीय कृषि आर्थिकी एवं नीति अनुसंधान संस्थान (नीपा), देव प्रकाश
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Prakash Shastri Marg, Pusa, New Delhi – 110 012

URL: <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.