

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
(Administration)**

F. No.: 1-3/2019-Admin.

Dated: 10.09.2026

OFFICE ORDER NO. 65 /2026

In continuation of Notification dated 29.08.2019, the following amendment has been made by the Competent Authority:

(a) Relaxed the requirement of Essentiality Certificates from treating doctor and the Medical Superintendent of the hospital in light of the Ministry of Health and family welfare, Government of India O.M No. H.11022/01/2014-MS dated 15th July, 2014. However, Essentiality certificate has been made compulsory in case of treatment taken from an AMA on OPD basis.

(b) Reimbursement will be made only on submission of medical bills alongwith medical claim form 2004 and check list.

(c) In view of the COVID-19 pandemic, ICSSR allowed the employees of the Council to claim for the reimbursement of OPD/IPD treatment taken from the hospitals/clinics not registered under CGHS/NABH as well. This relaxation has been withdrawn.

Rest of the contents will remain unchanged.



(Ashish Deolia)
Director (Research)/A.O. (I/c)

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- ✓ 3. Computer Cell - for display on notice board.
4. NASSDOC
5. Office order file
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INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

Ministry of Education, JNU Institutional Area,
Aruna Asaf Ali Marg, NEW DELHI-110067

CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. Medical Identity Card No. :
2. Validity of Medical identity Card & Entitlement : from.....to.....
: Pvt./Semi Pvt./General
3. Full Name of Card Holder (Block Letters) :
4. The following documents are submitted
{Please tick(-/) the relevant column}
 - (a) Medical 2004 Form : Yes/No
 - (b) Photocopy of Medical Identity Card : Yes/No
 - (c) No. of Original Bills :
 - (d) Copy of discharge summary : Yes/No
 - (e) Copy of referral by Specialist/CMO : Yes/No
 - (f) Whether the hospital has given breakup for lab investigation: Yes/No
 - (g) Original papers have been lost the following documents are submitted—
 - I. Photocopies of claim papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No
 - (h) In case of death of card holder the following documents are submitted—
 - I. Affidavit on Stamp paper by Claimant : Yes/No
 - II. No objection from other legal Heirs on Stamp papers : Yes/No
 - III. Copy of death Certificate : Yes/No
5. In case of regular treatment since long period : from..... to.....
(bill reimbursed previously)

Dated:.....

Signature of claimant
Name :
Designation :

MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CSMA BENEFICIARIES

(To be filled by the Claimant)

1. Basic Pay/Basic Pension :
2. Name of the Hospital with Address :
 (a) OPD treatment and investigations :
 (b) Indoor Treatment :
3. Date of Admission.....Date of Discharge.....(in Case of Indoor Treatment only)
4. Details of Referral :

(claimed amount in Rs.)

A. Personal/Family/Patient Details

S.No.	Patient Name	Age	Relationship	Doctor's Name	Hospital

B. Claim details

S. No.	Date	Bill No.	Particulars	Amount (in Rs.)	Remarks
Total Amount Claimed					
Advance, if any					
Net Amount Claimed					

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CSMA beneficiary and the Medical Identity Card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of the claimant

Note: Misuse of Medical/CSMA facilities is a criminal offense. Suitable action including cancellation of Medical Identity Card shall be taken in case of wilful suppression of facts or submission of false statements. Suitable disciplinary action shall also be taken.