HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA
16 MILE SHIMLA-MANDI NATIONAL HIGHWAY
GHANDAL DISTRICT SHIMLA, HIMACHAL PRADESH-171014
Ph. 0177-2779802, 0177-2779803, Fax-0177-2779802
Website: https://hpnlu.ac.in

No. 33-1/21-HPNLU/Estt.-437 **Dated: -06.05.2025**

NOTIFICATION

The Executive Council in its meeting held on 10th March, 2025, has approved for the implementation of the HPNLU Medical Claim Reimbursement Policy for Teaching and Non-Teaching staff of the University. The Policy is enclosed with this notification.

Encls:

1. HPNLU Medical Claim Reimbursement Policy.

Registrar
HPNLU, Shimla

Copy to:

1. P.A. to Hon'ble Vice-Chancellor HPNLU, Shimla.
2. Registrar Office, HPNLU, Shimla.
3. Finance Officer, HPNLU, Shimla.
4. IT Section, HPNLU, Shimla.
5. All Teaching and Non-Teaching Staff, HPNLU, Shimla.
6. Guard File.

Registrar
HPNLU, Shimla

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HPNLU Medical Claim Reimbursement Policy

1. Definition

1.1 *Dependent*: Notwithstanding anything contained in any other regulations, for medical reimbursement policy, 'dependent' means the spouse of the employee and or his/her minor child. Provided that unmarried 'specially-abled persons' having income less than Rs. 9000 per month shall be considered as dependent.

1.2 *Employee*: Employees mean any regular serving employee whether teaching or non-teaching, except employees appointed on contractual, ad-hoc, daily-wager, etc.

Provide that employees having joined the University after superannuation/VRS etc. from their parent department/Institution shall not be covered under this policy.

1.3 Regulations: Regulations means and includes Regulations notified by the Himachal Pradesh National Law University Shimla.

1.4 *Spouse*: Spouse means husband or wife of the employee, salaried or otherwise, whose total income is less than Rs. 9000 per month.

2. Medical Reimbursement

2.1 Subject to the provisions of this policy, all the employees of the University shall be entitled to medical reimbursement at the rate prescribed and notified by the Government of Himachal.

Provided that where spouse of the employee is also a government servant receiving an equal or higher salary (gross salary or grade, whichever is higher) and eligible to have medical reimbursement at their parent department/Institution/organization shall not be entitled to claim medical reimbursement under this policy.

Provided further that any spouse or dependent having a gross monthly salary/income equal to or more than Rs. 9000 per month shall not be entitled to medical reimbursement under this policy.

2.2 Any person including the employee covered under any medical insurance sponsored by state or central government shall not be entitled to medical reimbursement under this policy.

3. Procedure to Claim Medical Reimbursement

3.1 All the employees intended to claim medical reimbursement under this policy shall be required to submit a declaration as to their entitlement including but limited to the following:

(a) Name and details of spouse, if any.
(b) List of dependents, if any.
(c) Disability proof of the child, if applicable.
(d) Declaration as to the monthly income of the Spouse and dependent.
(e) Declaration about being covered under State/Central Government Medical Insurance Scheme.

3.2 The treatment must be availed only from the Government Hospitals/Super-specialty hospitals/hospitals listed by the Government of Himachal Pradesh from time to time.

Provided that, in emergencies (cases to be corroborated by an Emergency Certificate from the treating Physician/Surgeon), the treatment can be availed from the nearest Hospital even if that Hospital does not come under the above category.

3.3 Reimbursement bill(s) ought to be submitted by the employee directly to the University within six months of the treatment or else the bills will be summarily rejected.

3.4 All bills shall be submitted in original and as prescribed under the Himachal Government.

Annexure-I: Reimbursement Form

Annexure-I

H.P.T.R.6
MEDICAL CHARGES REIMBURSEMENT FORM

1. Name and Designation :.....
2. Office in which Employed :.....
3. Basic Pay :.....
4. Name of Patient & relation with the Claimant
5. Period of Illness .....
6. PARTICULARS OF TREATMENT:

Item Names	Charges	Details of Cash-Memos etc.
(i) Medicines (Name)		
(ii) Laboratory Tests/Ambulance/Consultancy/Indoor Room/Others (Specify)		

6. Total Claim Rs..... .....
7. *Less-* Advance Drawn *vide* T/V

   No..... Dt.....Rs.....
8. Net Amount Payable Rs.....

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

Date .....

Signature of the DDO

VARIFICATION CERTIFICATE

I, Dr ..... Hereby certify that .....

Suffering from ..... and is /was under my treatment from .....
To ..... And that the above mentioned medicines/ test were prescribed by me in this connection.
This claim is verified for Rs.....

Date.....

(Signature of Medical Officer)
Designation & Seal

Passed for Rs.....(Rupees.....)
And included in Bill No.....Dated.....

(Signature of Controlling Officer) *(Signature of the DDO)*

INSTRUCTIONS

1. List all the medicines, tests etc. individually.
2. Attach Cash-Memos duly verified.
3. Mention dates of admission to the Hospital, Stay etc.