Billing Clerk

H.A.(A/cs)

NEW DELHI MUNICIPAL COUNCIL

ACCOUNTS DEPARTMENT

FORM FOR REIMBURSEMENT OF MEDICINE PURCHASE AS PRESCRIBED BY NDMC'S EMPANELED PRIVATE HOSPITALS

1.	Name of Employee/Pensioner	· ·	
2.	(a) Designation	(b) Emp. Code/PPO.	No
3.	Medical Card No	Validity of Medical Fro	omto
4.			
5.			
6.			
7.			
8.			
9.			
10.			Yes/No
11.	If Yes the Details of Voucher Nos		Date
	TAILS OF MEDICINES PURC		-
	No. Bill/Cash memo No. Date		
1.	Jan Dan Jan Home He.	Rs.	Rs.
2.		Rs.	Rs.
3.		Rs.	Rs.
4.		Rs.	Rs.
5.		Rs.	Rs.
6.		Rs.	Rs.
7.		Rs.	Rs.
8.		Rs.	Rs.
9.		Rs.	Rs.
10.		Rs.	Rs.
	(Use extra sheet if required)		_
		Total Amount Rs.	Total Amount Rs
	49	·	
	CLARATION	and the state of t	and an the treatment I am recognition for
Cert	ified that submitted for reimbursemen	nt are genuine and medicines were	used on the tratment. I am responsible for / Advised were not/were for immunizing or
•		Tom. Drugs/mjection Administered	, Mavisca Were floorwere for miniating of
orop	hylactic purposes.		Cinnahun af the applicant
			Signature of the applicant
N.B.	INSTRUCTIONS:		
	Strike out which ever in not applicable	e (b) Document to be submitted.	
i) F	Photocopy of prescription .	nurchased	
	Cash Receipt in original of medicines	purchaseu.	
iii) i	Photocopy of medical card. Son is eligible till he starts earning or	r attain the age of 25 or gets marrie	d, whichever is earlier.
v) .	Daughter is eligible till she starts ear	ning or gets married, whichever is	earlier.
vi) /	Always keep duplicate copy of bill su	bmitted by the employee/pensioner	;
		(For Office Use only)	
		•) as the Reimbu-
Reco	ommended for payment of Rs	(Rs	
sem	ent of cost of Medicines/Test (got do	ne from other than the Hospital Lab	oratary) as prescribed by the Hospital.
Pil	ling Clerk H A (A/cs)	AA.O(A/cs) Ac	counts Officer (CBS & Accounts)

AA.O(A/cs)