



(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 Claimant)

#### VERIFICATION CERTIFICATE

I, Dr.....hereby certify that..... Suffering from.....and is/was under my treatment from..... to.....and that the above mentioned medicines / tests were prescribed by me in this connection the claim is verified for Rs.....

Date..... (Signature of Medical officer)  
Designation & Seal

.....  
Passed for Rs..... (Rupees.....)

And included in Bill No.....Date.....

(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, State etc.

सेवा में,

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विषय :- चिकित्सा भत्ता हेतु विकल्प देने बारे ।

महोदय,

उपरोक्त विषय पर विन्नम निवेदन है कि मेरी

नियुक्ति कार्यवाहक के पद पर निदेशालय में हुई है । मैं खुला

चिकित्सा भत्ता लेने के लिए अपना विकल्प प्रस्तुत कर रहा हूँ।

अतः महोदय से अनुरोध है कि मेरा खुला

चिकित्सा भत्ता का विकल्प स्वीकार करने की कृपा करें ।

भवदीय,