

DELHI DEVELOPMENT AUTHORITY

Application form for submitting claim for spl. Chronic disease/post operative.

1. Medical Card No.
2. Name of Pensioner/Family Pensioner/official
3. Name of spl. chronic disease
OR
Specify the operation (for post operative)
4. Amount of Claim
5. Please attach, statement of vrs, original
Cash Memo & prescription.
6. Period of medicine claimed :
 - a) Previous claim : _____ to _____ on _____
 - b) This Claim : _____ to _____

Certificate/Undertaking :

1. I undertake that medicines claimed are exclusively for the treatment of special disease mentioned above only (In case of diabetes disease occurred with diabetes as ancillary)
2. I undertake that the quantity of medicines purchased is in accordance with the prescription.
3. It is certified that all medicines purchased before this claim have been consumed by me in accordance with prescription.
4. Doctor's certificate (Essentiality certificate) is appended.
5. I also undertake that I will, without any demur, refund forwith to DDA, the amount, if any found inadmissible on detailed scrutiny/audit subsequently.
6. I am liable to face any action, if taken by DDA on A/c of false/inadmissible claim including disciplinary action.

Please, make payment through my following bank account

A/c No. _____ Bank Name _____

IFSC Code :

Signature : _____

Name : _____

Phone: _____

Address : _____

