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WORKING STAFF

DELHI DEVELOPMENT AUTHORITY

Application	form	for	submitting	OPD	Medical	claim	for	reimb	ursement
under the ar	nnual	ceil	ing for the y	/ear					

1.	New Biometric Medical Card No.	
2.	Name of Employee & Section in which working with Designation	
3.	Father/Husband's Name	
4.	Phone No./Email ID	
5.	Pay scale/Grade Pay last drawn.	
6.	Amount of entitlement under the Annual Ceiling.	Rs. 36000/27000/18000/13500*
7.	Amount of OPD claim (Please attach detail of all Vrs.+Original Cash memos & copy of prescription) with copy of BM Card	

PRE-RECEIPT CUM UNDERTAKING

Received Rsthrough credit transfer in SBI/CBI/received Cheque for the bank	Received Rs	.through cre	edit transfer in	SBI/CBI/received	Cheque for the bank
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8. I also undertake to refund the amount, if any, found in excess/inadmissible amount from my pension/other dues/future payments.

Date:		Sig. of the claimant
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FOR OFFICE USE ONLY

Pay Order

Please Pay Rs	.(Rupees)
T- Ch /C			

Asstt. Accounts Officer (OPD Medical Counter)

^{*}Strike out which is not applicable

	Cash Memo/Receipt No.	Name of Doctor/Hospital/Lab	Amount
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