

DELHI DEVELOPMENT AUTHORITY

Application form for submitting OPD Medical claim for reimbursement under the annual ceiling for the year.....

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	

***Strike out which is not applicable**

PRE-RECEIPT CUM UNDERTAKING

Received Rs.....through credit transfer in SBI/CBI/received Cheque for the bank.

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

FOR OFFICE USE ONLY**Pay Order**

Please Pay Rs.....(Rupees.....)

To Sh./Smt.....By cheque/transfer of credit.

Asstt. Accounts Officer (OPD Medical Counter)

