

1. VISIT CERTIFICATE :

I certify that the condition of the patient was such the visit was necessary at the patient home.

2. I certify that my bill does not include such medicines/tablets/injections etc. which are listness in admissible terms in the list of inadmissible medicines as per Govt. rules.

**Signature of the Authorised
Medical Attendent**

**Signature of the Medical Officer
in-Charge of the case at hospital**

1. CERTIFICATE OF FAMILY :

Certified that the family member/members for whom the Medical Reimbursement was claimed in this bill is / are actually residing with me and wholly dependent upon.

2. CERTIFICATE OF CORRENCINESS :

I certify that the claim preferred by me is correct and has not been paid to me before. I have opted / not opted the Medical Allowance.

Signature of the Employee / Pensioner

Name :

Employee Code No. / PPO No. :

Designation :

Deptt. / Section :

Countersigned for Rs. Ps. Only)

(Rupees..... Only)

COLLEGE DOCTOR