



| C:   |   | दवाईयों एवं सर्जिकल / Medical and Surgical |  |               |  |               |
|--|---|--|--|---------------|--|---------------|
| स.क्र./<br>S.No.   | मेडिकल सर्जिकल स्टोर का नाम<br>Name of Medical/ Surgical Stores | संख्या/<br>Quantity                        | कैश मेमा / Cash Memo   |               | दवाईयों एवं सर्जिकल का नाम /<br>Name Medicines /Surgical | राशि / Amount |
|  |   |  | क्रमांक / No   | दिनांक / Date |  |               |
| कर्मचारी द्वारा प्रस्तुत क्लेम राशि / Total Amount Claimed by an Employee :  |   |  |  |               |  |               |
| अंकों में / In Fig.  |   | शब्दों में / In Words                      |  |               |  |               |
| संलग्नक / Enclosure Words  |   |  |  |               |  |               |
| <b>चिकित्सक/चिकित्सालय का प्रमाण पत्र / Certificate by Doctor/Hospital</b>   |   |  |  |               |  |               |
| Certified that the patient mentioned at form had been under my treatment as indoor/outdoor patients and the mentioned medicines, Surgicals and investigations had been prescribed were absolutely essential for the treatment of the patient |   |  |  |               |  |               |
| दिनांक / Date :  |   |  | चिकित्सक के हस्ताक्षर पदमुद्रा सहित<br>/ Signature of Doctor with Seal                       |               |  |               |
| <b>कार्यालयीन उपयोग हेतु / For the Office use only</b>   |   |  |  |               |  |               |
| <b>Dispensary (डिस्पेंसरी)</b><br>Certified that the patient have been under taken indoor/outdoor treatment on my advice for which expenditure of Rs. _____ was essential for recovery /prevention of the patient.                           |   |  | Cash Memos and receipt have been checked and verified, Payment of Rs. _____ may be approved. |               |  |               |
| चिकित्सा अधिकारी /<br>Medical Officer  |   |  |  |               |  |               |
| Checked by   |   | Verified by                                |  | A.O.          |  | Director      |

टीप / Note:

1. प्रत्येक रोगी के लिए पृथक - पृथक फार्म भरें / Separate form should be used for each patient.
2. दवाईयों, कैश मेमो एवं आवश्यक प्रमाण - पत्र संलग्न करें / List of Medicines, cash memos and essential certificate should be attached sequentially.
3. सभी कॉलम अनिवार्य रूप से भरें / All the columns are mandatory to full.