



DELHI DEVELOPMENT AUTHORITY

Application form for submitting OPD Medical Claim for reimbursement under the annual ceiling for the year _____

Bank A/c Name _____

Bank A/c No. and IFSC _____

Working Staff/Pensioner

UID/PPO No. _____

1. Medical Card No.	
2. Name of Employee	
3. Designation and Department	
4. Father/Husband Name	
5. Phone/Mobile Number	
6. Email ID (If any)	
7. Pay scale/Grade Pay Last Drawn	
8. Amount of entitlement under the Annual Ceiling	
9. Amount of OPD Claim from Panel Hospital*	
10. Amount of OPD Claim from Non-Panel Hospital*	

*Attachments required:

- Doctor's Prescription in original if prescription fees is mentioned on it.
- Original Cash Memos and payment receipt
- Details of all vouchers.

PRE-RECEIPT CUM UNDERTAKING

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

I undertake to refund the amount, if any, found in excess/inadmissible amount from my pension/other dues/future payments.

Date: _____

Signature of Claimant

FOR OFFICE USE ONLY

Pay order

Please Pay Rs. _____ (Rupees _____)

To Shri/Smt. _____ by cheque/transfer of credit

Asstt. Accounts Officer (OPD Medical Counter)

