

DELHI DEVELOPMENT AUTHORITY
Medical Cell

TRANSFER ADVICE NO.....dated.....

1. Name of the Pensioner
2. Father's/husband name
3. Address
4. Designation
5. Medical Identity Card No
6. Name of the Present D.D.O.
7. Amount of Annual Ceiling of OPD expr.....Rs.....
8. Whether Contribution paid for the year..... Yes/No.....
9. Amount of OPD expenditure reimbursed
During the year..... Rs.....
(Rupees.....)
10. Name of the DDO to whom the payment control is transferred.....

Signature with name & stamp
Present D.D.O.

Copy forwarded to :-

- i) Sr. A.O. CAU (to whom the Transfer is sent).
- ii) AAO, Medical Cell, DDA for updating the record.

**DELHI DEVELOPMENT AUTHORITY
(MEDICAL CELL)**

OPTION FORM

I, son/daughter/wife/husband/of Shri/Smt.....
resident of
.....retired/retiring from DDA as
..... opt to draw my medical facilities from
(Name of DDO).....

A copy of my Medical identity Card no. is enclosed
herewith.

Name.....

Address.....
.....
.....

Note: I, change of address/phone number should be reported immediately to the
DDO.