



Bihar State Power Generation Co. Ltd.

CERTIFICATE FOR REIMBURSEMENT OF MEDICAL CLAIMS

Certificate granted to Mr. / Miss / Mrs.
Grand Mother / Grand Father / Mother / Father / Son / Wife / Daughter of Mr./Mrs.....
..... employed in the office of the Bihar State Power
Generation Company Limited, Patna

1. Dr. hereby certify that-
- That the patient has been under my treatment for.
Disease from. to. in the Hospital /
Dispensary my consulting room and his residence and the undermentioned medicals prescribed by
me in this connection were essential for the recovery / prevention or serious deterioration in the condition
of the patient.
 - That I charged and received Rs. for consultation on.
(date to be given) at the consultation room / residence of the patient. In the latter case it is further
certified that the patient was not in a position to attend the Hospital.
 - That the X-Ray, Laboratory Test etc. for which an expenditure of Rs.
was incurred were necessary and were undertaken on my advice.
 - That I referred the patient to Dr. for
specialist consultation.

Sl. No.	Name of Medicines	Quantity	Price	
			Rs.	P.

Consultation fee is not admissible in
case of members of family

Signature and Designation of the
Authorised Medical Attendant

FOR OFFICE USE ONLY

Checked and admitted for Rupees.....
.....) only.

Dealing Assistant.

Accountant

Accounts Officer (Sectt.)

Accounts Officer (Estt.)

Chargeable Read. Esstt. and General charges (f) medical allowances of the Company Secretariats during the year 20

Passed for payment of..... (Rupees.....
.....) only.