

ANNEXURE 'A'

Bihar State Power Transmission Company Limited

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 Transmission Company Co. Ltd., Patna

1. Dr.....hereby certify that-

- (a) That the patient has been under my treatment¹ for.....
 Disease from.....to.....in the Hospital/
 Dispensary my consulting room and his residence and undermentioned medicals prescribed by me in this
 connection were essential for the recovery/prevention or serious deterioration in the condition of the
 patient.
- (b) 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.
- (c) That the X-Ray, Laboratory Test etc. for which and expenditure of Rs.....: was
 incurred were necessary and were undertaken on my advice.
- (d) 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 Board's Secretariats
during the year 20

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

Accounts Officer (Sectt.)