

C: दवाईयों एवं सर्जिकल / Medical and Surgical						
स.क्र./ S.No.	मेडिकल सर्जिकल स्टोर का नाम Name of Medical/ Surgical Stores	संख्या/ Quantity	कैश मेमा / Cash Memo		दवाईयों एवं सर्जिकल का नाम / 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						
चिकित्सक/चिकित्सालय का प्रमाण पत्र / Certificate by Doctor/Hospital						
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 / Signature of Doctor with Seal			
कार्यालयीन उपयोग हेतु / For the Office use only						
Dispensary (डिस्पेंसरी) 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 / 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.