

MAHARSHI DAYANAND UNIVERSITY ROHTAK

Medical charges Reimbursement Bill for the Month of _____

EMP. No.	PPO No. <i>(if Retired)</i>	Name of Claimant	Designation	Admissible Amount (₹)	Net Payable (₹) <i>(for use of A/c Branch)</i>
		Claiming for : <input type="checkbox"/> Self <input type="checkbox"/> Dependent Relation <i>(if Dependent)</i>			

Forwarded/countersigned

Signature of Claimant
(on Revenue Stamp)

HOD/Branch Officer

Mobile No.

Address:

.....

(For use of Accounts Branch)

Budget provision exit :

for Regular Employees : 9/400050

for SFS Employees : 406/200432

Entry M.R. Page

Pay ₹

(in Words) Rupees

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Dealing Hand

Supdt. (Bills)

D.R. (Accounts)

Finance Officer

Pre-audited & Passed for ₹		
Rupees		
.....		
.....		
Auditor	R.S.A.	Joint Director