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Centre for Development of Advanced Computing
Reimbursement of Medical [OPD] Claim

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RIM/MC/2019-2020/341396/9
Claim Date: 25-FEB-2020
(MOH Finance Reimbursement)

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Personal Information

EmpId	341396	Name	Mr Pankaj Kumar
Centre	Mohali	Group	STD
Staff Type	Consolidatd - Contract on Consolidatd Pay	Scale	0
Designation	Project Associate		
Basic/PiPb/ConsPay	39,978	Joining Date	12-Aug-2013
Status	Active	Left Date	
Email	pankaj@cdac.in	Phone	01722/ 237054
Contract Start Date	01/07/2019	Contract End Date	30/06/2021

Claim Details

Sr.No.	Patient Name	Bill Date	Bill No	Bill Type	Issuer	Claimed Amount	Sanc.Amount
1]	Mr Pankaj Kumar [Self]	02-FEB-2020	16698	Medicine Without Prescription	NEET Brothers chemists and druggists	454.00	0
2]	Mr Pankaj Kumar [Self]	11-FEB-2020	1219	LabTests/ Xrays Etc	Lifeline superspeciality hospital(Dr Ram Milan Raj)	4,600.00	0
3]	Mr Pankaj Kumar [Self]	11-FEB-2020	0	Consultation	Lifeline superspeciality hospital(Dr Ram Milan Raj)	1.00	0
4]	Saanvi Goel [Daughter]	15-FEB-2020	5178	Consultation	Nimbus ChildClinic (Dr. V.J.S. Virdi)	650.00	0
5]	Saanvi Goel [Daughter]	15-FEB-2020	240	Medicine With Prescription	Nimbus ChildClinic (Dr. Money Gupta)	240.00	0
Total [Rs]						5,945.00	0

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UNDERTAKING / DECLARATION

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I hereby declare that,

01. All information given above is true and correct to the best of my knowledge and belief.

02. All the expenditure for which this medical reimbursement is claimed has been actually incurred by me.

03. I have not claimed any of the above amounts from any authority.

04. All dependent family members for whom this medical reimbursement is claimed are actually dependent on me as per central government rules for the entire period for which reimbursement is claimed.

05. I undertake to refund the amount in one single installment paid by C-DAC under this claim if anything declared above is proven false / wrong. It is therefore requested to reimburse me the above amount.

Signature Of Employee

For Office Purpose Only	
Claim passed for	CFO/Finance Executive
Checked by	Passed by