

ਸਕੱਤਰ,
ਪੰਜਾਬ ਵਿਧਾਨ ਸਭਾ,
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- ਮੈਡੀਕਲ ਬਿੱਲਾਂ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਸਬੰਧੀ।

ਬੇਨਤੀ ਹੈ ਕਿ ਮੈਂ _____ (ਵਿਧਾਇਕ/ ਸਾਬਕਾ
ਵਿਧਾਇਕ) ਆਪਣਾ ਮੈਡੀਕਲ ਬਿੱਲ ਮਿਤੀ _____ ਤੋਂ ਮਿਤੀ _____ ਤੱਕ,
ਕੁੱਲ _____ ਰੁਪਏ ਦਾ ਮੈਡੀਕਲ ਬਿੱਲ ਸਭਾ ਸਕੱਤਰੇਤ ਨੂੰ ਭੇਜ ਰਿਹਾ ਹਾਂ।
ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਬਿੱਲ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਕਰਨ ਦੀ ਖੇਚਲ ਕੀਤੀ ਜਾਵੇ ।

ਮਿਤੀ.

(ਹਸਤਾਖਰ)

ਫੋਨ ਨੰਬਰ.

M.C. FORM

FOR USE BY MEMBERS OF THE PUNJAB LEGISLATIVE ASSEMBLY ONLY

Head of Service Chargeable

District of _____ Major Head/ Sub-Major Head 2011-02 State Legislature
 Minor Head 101 - Legislative Assembly
 Sub-Head 01 - Legislative Assembly
 Object of Expenditure : Medical Reimbursement (Voted)

Medical charges bill of _____

Member, Punjab Legislative Assembly, for the month of _____

Cost of Medicine as per vouchers enclosed	Amount		
	Rs.	P.	
			<p>Certified that I have actually spent the amount for the cost of medicines prescribed by the authorized medical attendant (whose certificate is attached) claimed in this bill for my treatment/ treatment of my _____ who is a member of my family within the meanings of Rule 2 of the (Medical Facilities) Rules, 1966 and was not supplied these medicines from the Government hospital/ dispensary.</p> <p>Further certified that I have not already claimed the reimbursement of cost of medicines as now claimed in this bill.</p>
			<p>Signature _____ Member Punjab Legislative Assembly</p> <div style="border: 1px solid black; width: 60px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <p>STAMP</p> </div>
Total			

Payment of this bill may be made to _____

Member, Punjab Legislative Assembly

Rupees _____	Countersigned	
Dated _____	Passed for Rupees	
		Controlling Officer

FORM IV

(See rule 10)

Essentiality certificate for use of members under the Punjab State Legislature Members (Pension and Medical Facilities Regulation) Act, 1977.

Outdoor Ticket No. _____, dated _____, Rate of Pension Rs. _____

I certify that Mr./Mrs./Miss _____ wife/son/daughter of Shri _____ member under the Punjab State Legislature Members (Pension and Medical Facilities Regulation) Act, 1977, has been under my treatment at the _____ Hospital/Dispensary/my consulting room and the undermentioned medicines prescribed by me in this connection were absolutely essential for the treatment and recovery and prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the _____ (name of Hospital/Dispensary) for supply to the entitled patient and do not include proprietary preparations for which cheaper substitute of equal therapeutic value are available for preparation which are primarily food, toilets or disinfectants.

1. Certified that treatment as in-patient was not necessary.
2. Certified that the medicines charged have no cheaper effective substitute.
3. Certified that the medicines are born/not born on the list of Medical Store Depot.
4. Certified that the medicines are not in the nature of tonic, etc. the cost of which is not reimbursable under Government orders issued on the subject from time to time.
5. Certified that the price claimed is reasonable.
6. Certified that the medicines prescribed are not in the list of non-reimbursable medicines/articles last revised, vide Punjab Government letter No. 17014-S/15831-CH-IHVI-56/7706, dated the 25th January, 1967.
7. She/He was suffering from _____.
8. Period of treatment from _____ to _____.

Quantity of medicines	Name of the medicines	Name of the Chemist	No. and date	Price	
				Rs.	P.

Signature and Designation
of Authorised Medical
Attendant.

FORM III
(See Rule 10)

For claiming medical reimbursement by members under the Punjab State Legislature Members (Pension and Medical Facilities Regulation) Act, 1977.

Head of service chargeable

District of

Major Head _____

Sub-Major Head _____

Minor Head _____

Sub-Head _____

Object of expenditure _____

Medical charges bill of _____ for the month of _____

Cost of medicines as per vouchers enclosed

Amount

Certified that :

Rs. _____ P.

- (i) I have actually spent the amount for the cost of medicines prescribed by the authorised medical attendant (whose essentiality certificate is attached) claimed in this bill for my treatment/ treatment of my _____ who is member of my family within the meaning of rule 10 of the Punjab State Legislature Members (Pension and Medical Facilities Regulation) Rules, 1984, who is residing with me and is wholly and solely dependent upon me and he/she is not in Government service and has no source of income of his/ her own. I was not supplied these medicines from the Government Hospital/ Dispensary/ Hospital empanelled by the Department of Health and Family Welfare.
- (ii) I have actually purchased the medicines duly prescribed by the authorized medical attendant for the purpose during the period of treatment;
- (iii) I have not already claimed the reimbursement of cost of medicines as now claimed in this bill;
- (iv) I am drawing pension from the _____ Treasury against P.P.O. No. _____; and
- (v) I am not re-employed and do not draw any reimbursement of medical charges from any other source.

Signature of Member

Countersigned

Date

Passed for Rupees _____

Received payment of Rs. _____ as medical charges for the month of _____ 20

Total

Signature of Member

Stamp