

**ANNEXURE 'A'**  
**BIHAR STATE POWER TRANSMISSION COMPANY LIMITED**  
 4th Floor, Vidyut Bhawan, Bailey Road, Patna-800001  
**CERTIFICATE FOR REIMBRUSHMENT 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 Limited, Patna.

1. Dr. .... hereby certify that-
  - (a) That the patient has been under my treatment for .....  
 Disease from ..... to .....in the  
 Hospital/Dispensary my consulting room and his residence and the under mentioned  
 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 member of family

Signature and Designation of the  
 Authorised Medical Attendant

FOR OFFICIAL USE ONLY

Checked and admitted for ..... (Rupees .....  
.....) only.

Dealing Assistant

Accountant

Accounts Officer (Sect.)  
Accounts Officer (Estt.)

Chargeable Read. Esstt. and General Charges (f) medical allowances of the Board's Secretariats during the year 200

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

Accounts Officer (Sect.)