

ਸੇਵਾ ਵਿਖੇ

ਸਕੱਤਰ,  
ਪੰਜਾਬ ਵਿਧਾਨ ਸਭਾ,  
ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- ਮੈਡੀਕਲ ਬਿੱਲਾਂ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਸਬੰਧੀ।

ਬੇਨਤੀ ਹੈ ਕਿ ਮੈਂ \_\_\_\_\_ (ਵਿਧਾਇਕ/ਸਾਬਕਾ ਵਿਧਾਇਕ)  
ਆਪਣੇ ਮਾਤਾ/ਪਿਤਾ/ਪਤਨੀ, ਸ੍ਰੀਮਤੀ/ਸਰਦਾਰ \_\_\_\_\_ ਦਾ ਮੈਡੀਕਲ  
ਬਿੱਲ ਮਿਤੀ \_\_\_\_\_ ਤੋਂ ਮਿਤੀ \_\_\_\_\_ ਤੱਕ, ਕੁੱਲ \_\_\_\_\_ ਰੁਪਏ ਦਾ ਸਭਾ  
ਸਕੱਤਰੇਤ ਨੂੰ ਭੇਜ ਰਿਹਾ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਬਿੱਲ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਕਰਨ ਦੀ ਖੇਚਲ  
ਕੀਤੀ ਜਾਵੇ।

ਮਿਤੀ.

(ਹਸਤਾਖਰ)

ਫੋਨ ਨੰਬਰ.

**FORM III**  
(See Rule 10)

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

District of \_\_\_\_\_

Head of service chargeable

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  
Rs. .... P.

Certified that :

- (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

**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 \_\_\_\_\_ Government Hospital/ Dispensary/ Hospital empanelled by the Department of Health and Family Welfare/my consulting room and the under-mentioned 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/ Hospital empanelled by the Department of Health and Family Welfare) 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 borne/not borne 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-1HVI-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  
Authorized Medical Attendant.**



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ਚੰਡੀਗੜ੍ਹ।

ਵਿਸ਼ਾ:- ਮੈਡੀਕਲ ਬਿੱਲਾਂ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਸਬੰਧੀ।

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ਬੇਨਤੀ ਹੈ ਕਿ ਮੈਂ \_\_\_\_\_ (ਵਿਧਾਇਕ/ਸਾਬਕਾ  
ਵਿਧਾਇਕ) ਆਪਣੇ ਮਾਤਾ/ਪਿਤਾ/ਪਤਨੀ/ਬੇਟਾ, ਸ਼੍ਰੀਮਤੀ/ਸਰਦਾਰ \_\_\_\_\_  
ਦਾ ਮੈਡੀਕਲ ਬਿੱਲ ਮਿਤੀ \_\_\_\_\_ ਤੋਂ ਮਿਤੀ \_\_\_\_\_ ਤੱਕ, ਕੁੱਲ \_\_\_\_\_  
ਰੁਪਏ ਦਾ ਸਭਾ ਸਕੱਤਰੇਤ ਨੂੰ ਭੇਜ ਰਿਹਾ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਬਿੱਲ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ  
ਕਰਨ ਦੀ ਖੇਚਲ ਕੀਤੀ ਜਾਵੇ ।

ਮਿਤੀ.

(ਹਸਤਾਖਰ)

ਫੋਨ ਨੰਬਰ.



**ESSENTIALITY CERTIFICATE**

Indoor/Outdoor Ticket No.....dated.....B.P.Rs.....

1 Certified that MrMrs./Miss.....Wife/Son/Daughter/Husband of Shri.....(Minister/MLA) has been under the treatment at the..... Hosp./Disp. My consulting room and that the under mentioned medicines prescribed by me in this connection were absolutely essential for the treatment and recovery prevention of serious Chronic disease declared by Health Department with Letter No. 12/69/98-5HB5/21329, dated 01/09/2000 deteriorate in the condition of the patient. The medicines were not stocked in the..... Hosp/Disp. for supply to the entitled patient and do not include proprietary preparation for which cheaper substitutes of equal the reputic value is not available for prescription.

1. Certified that the treatment as Outdoor Indoor patient was necessary
2. Certified that the medicines are not preparions which are primarily food, toilets or disinfection.
3. Certified that the medicines are not in the nature of tonics etc. the cost of which is not reimbursable under Govt. order on the subject from time to time.
4. Certified that the medicines prescribed are not in the last of non-reimbursable articles. Medicines last revised vide P.G. No: letter No. 17014-5-15831-CH/HBI-6617706, dated 25/01/1966
5. Certified that the price claimed is reasonable.
6. He/She was suffering from.....
7. Period of treatment from.....to.....

Sr No	Name of Medicines and Quantity	Memo No and Chemist Address	Date of Memo	Price

**Signature & Designation of  
Authorised Medical Officer**

1. Certified that the medicines were actually purchased and consumed during the period of treatment.
2. Certified that the treatment pertains to myself.
3. Certified that my wife daughter/son is wholly and solely dependent upon me and residing with me. He/She is not in the Govt. Service.
4. Certified that my father/mother daughter/son is wholly and solely dependent upon me and residing with me. He/She has not source of income of his/her whatever.

Date.

**Signature:  
(Claimant)  
Designation:  
Branch:  
P.B.X. No:  
Account No:  
IFSC Code.:  
Mobile No:  
E-Mail ID:**



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.	
			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.  Further certified that I have not already claimed the reimbursement of cost of medicines as now claimed in this bill.  Signature _____ Member Punjab Legislative Assembly <div style="border: 1px solid black; width: 80px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px 0;">                         STAMP                     </div>
Total			

Payment of this bill may be made to \_\_\_\_\_

Member, Punjab Legislative Assembly

Rupees _____ Dated _____	Countersigned _____ Passed for Rupees _____ Controlling Officer _____
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