

**M.P. STATE COOPERATIVE DAIRY FEDERATION LIMITED, BHOPAL.
FORM FOR REIMBURSEMENT OF MEDICAL CHARGES.**

1. Name of the Employee :
2. Designation :
3. Section/Division :
4. Pay :
5. Place of Duty :
6. Actual Residential Address :
7. Name of the Patient :
8. Relation of the patient to the employee :
9. Name & Designation of physician/Surgeon :
10. Period of treatment :
11. Details of charges/claims :
- (i) Fee for consultation a) Number of consultation...
b) Total Amount (Rs)
- (ii) Charges for pathological/bacteriological : c) Tests.....
Radiological or any other similar tests : d) Total amount (Rs).....
Undertaken during treatment :
- (iii) Accommodation (period) : From.....-.....to.....-.....
- (iv) Cost of medicines : (Rs)
Total Rs...

DETAILS OF CASH MEMO

S.No.	Name of Chemist & cash memo No. & Date.	Name of Medicines	Amount	
			Rs.	Ps.

CERTIFICATE

Certified that Shri/
Son of Shri.....employed in the M.P.State Cooperative Dairy Federation
Ltd., Bhopal has been under my treatment from
(Name of disease) and the medicines prescribed by me were essential for the treatment of
the aforesaid patient.

Signature of Medical Officer

(To be filled in by doctor)

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statement in application are true to the best of my knowledge and
the person for whom medical expenses were incurred is wholly dependent upon m. The
original prescription and related cash memo(s), receipt(s) and the certificate of the doctor are
enclosed.

Encl: No. & list - 08

Signature.....

Date

Designation: General Manager

Checked prescription and cash memo(s) and the claim may be passed for
Rs.....(Rupees.....)

Accountant

General Manager (Fin)

Date.....

Date.....

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

General Manager (Fin)

Release for payment of Rs..... (Rupees.....)

**M. P. STATE COOPERATIVE DAIRY FEDERATION LTD.
DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ, BHOPAL**

PROPOSAL FOR SANCTION OF PAYMENT

Receipt No.....
.....

Dispatch No.

- 1 Name of the party :
- 2 Bill No. & Date :
- 3 Amount of the Bill :
- 4 Reference to sanction order No. & date :
- 5 Details of supply :

Counter Signature of
The Divisional Head

Signature and
Designation

FOR USE OF FINANCE DIVISION ONLY

Checked & recommended for payment/adjustment of
Rs.....
(Rupees
.....)

Accountant
(Fin)

Manager (Fin)

General Manager

SANCTIONED

GENERAL MANAGER (FIN)

Released payment of Rs.....
Rupees.....
.....)

Manager(Fin)

**M.P. STATE COOPERATIVE DAIRY FEDERATION LIMITED
DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ, BHOPAL.**

Name of the Employee:				
Designation :			Division:	M&P
			Employee No.	
Leave	From	To	No. of days	Balance
Casual Leave/RH				
Earned Leave				
Half Pay Leave/ Commutated Leave				
Earned Leave encashment				
Reason :				
Signature of Employee :			Date:	
In the absence of the above employee, if the leave is granted, the charge would be hold by Shri/Smt/Ku.....				
Date.			Section Head	

(एमपीसीडीएफ कर्मचारी भरती वर्गीकरण तथा सेवा शर्तें विनियम 1985 में अवकाश नियम
क्रमांक 74 एवं 77)
छुट्टी के लिये आवेदन का फार्म

क्रमांक	विवरण		
1	अधिकारी/कर्मचारी का नाम व पद	:	
2	लागू होने वाली छुट्टी नियम	:	
3	विभाग/कार्यालय और अनुभाग	:	
4	वेतन	:	
5	वर्तमान पद पर प्राप्त किये जाने वाला गृह भाड़ा भत्ता, वाहन भत्ता या अन्य प्राप्त पूरक भत्ते	:	
6	आवेदित छुट्टी का स्वरूप तथा उसकी अवधि और वह तारीखें जब से छुट्टी चाही गई है	:	
7	छुट्टी के आरम्भ, अन्त में जोड़े जाने के लिये प्रस्तावित रविवार तथा अवकाश, यदि कोई हो	:	
8	वह कारण जिसके आधार पर छुट्टी के लिये आवेदन किया गया है	:	
9	पिछले छुट्टी से लौटने की तारीख और उस छुट्टी का स्वरूप तथा अवधि	:	
10	छुट्टी की अवधि का पता, मंजूर की जाने पर	:	
11	मैं आगामी छुट्टी के दौरान वर्ष समूह (ब्लोक इयर्स) यात्रा रियायत का लाभ उठाना चाहता/चाहती हूँ/नहीं उठाना चाहता/चाहती हूँ।		

आवेदक के हस्ताक्षर
(तारीख सहित)

12 नियंत्रण अधिकारी की अभ्युक्ति और या सिफारिश :

हस्ताक्षर तथा पदनाम
(तारीख सहित)

13 मंजूर करने वाले प्राधिकारी का आदेश

हस्ताक्षर तथा पदनाम
(तारीख सहित)

**M. P. STATE COOPERATIVE DAIRY FEDERATION LTD.
DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ, BHOPAL**

Receipt No.....

Date.....

PROPOSAL FOR MISC. ADVANCE

1. Name :
2. Designation :
3. Purpose of Advance :
4. Amount : (Rupees)
5. Previous advance if any outstanding for settlement : (Rupees)

Counter signature
Designation

Signature
Designation

FOR USE IN FINANCE DIVISION ONLY

Outstanding balance if any of Rs.....

Accountant

May kindly sanction Misc. advance of Rs (Rupees)

Account Officer. Project Executive (Int. Audit). Dy.Gen. Mgr (Fin)

Sanctioned :

MANAGING DIRECTOR

Released for Rs..... (Rupees.....)

Asstt. Gen.Manager (Fin.)

Dy.General Manager (Fin.)

**M. P. STATE COOPERATIVE DAIRY FEDERATION LTD.
DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ, BHOPAL**

Receipt No.....

Date

PROPOSAL FOR TOUR ADVANCE

1. Name :
2. Designation :
3. Division :
4. Purpose of Tour :
5. Period of Tour (Dates) :
6. Places to be visited :
7. Tour approval
(By Competent Authority to be enclosed) :
8. Mode of Conveyance :
9. Amount advance for :
 - A. Fare :
 - B. Daily Allowance :
 - C. Lodging Charges (As per prescribed norms) :
- Total amount :
- 10 Previous advance if any outstanding :
(mention amount and date of advance & reasons for non settlement)

I undertake to settle the above TA advance by submission of my TA bill a month from the completion of tour failing which the amount of advance may be recovered from my salary of the following month.

Signature.....

Signature and Designation
of Countersigning authority.

Name :
Designation :

FOR USE IN FINANCE DIVISION

Outstanding balance if any

Accountant

May please sanction Tour Advance for Rs.....
(Rupees.....)

AGM (Finance)

General Manager (Finance)

**MP STATE CO-OPERATIVE DAIRY FEDERATION LIMITED
DUGDHA BHAWAN: DUGDHA MARG: HABIBGANJ: BHOPAL.**

PERMISSION SLIP FOR TOUR

Name of the Officer	Designation	Place of Tour	Period	Purpose

Approved

Signature & Designation

MANAGING DIRECTOR.

**M.P. STATE COOPERATIVE DAIRY FEDERATION LIMITED
DUGDHA BHAWAN, DUGDHA MARG, HABIBGANJ, BHOPAL.**

ADJUSTMENT MEMO FOR MISCELLANEOUS ADVANCE.

Advance of Rs.....taken on dated.....
Against advance A/c of Rs.....submitted for adjustment.

S.No	Purpose	Particulars	Expendi- ture of vouchers secured	Balance if any	Recovery if any.

Submitted for further action. Balance amount deposited vide MR No. Dated

Counter Signature
Designation Jt. Director (FO)

Name.....
Designation.....

FOR FINANCE DIVISION ONLY

Head of account & classification of expenditure of MP State Cooperative Dairy Federation Limited, Bhopal.

1. Operating Expenditure of MPCDF
2. Project Account.
3. Non Project Account

Passed for adjustment/payment of Rs..... (in words) Rupees.....
.....Sanction of adjustment/payment Rs..... (in words)
Rupees.....

Control Ledger Folio No.
Project Executive/Dy. Director(Finance)

Managing Director.

रसीद

श्रीनेसे.....
की यात्रा आज दिनांक.....को वाहन क्रमांक.....के द्वारा की
गई । जिसके किराये में रु.....(अंक) (रुपये)
मेरे द्वारा नगद प्राप्त किये गये ।

दिनांक

हस्ताक्षर

(वाहन चालक)
वाहन क्रमांक

ANNEXURE 'B'

ALL CENTRAL GOVERNMENT EMPLOYEES, STATE GOVERNMENT EMPLOYEES, EMPLOYEES OF STATUTORY BODIES AND PUBLIC SECTOR UNDERTAKINGS, THEIR SPOUSE AND CHILDREN UPTO THE AGE OF 18 YEARS ARE REQUIRED TO PRODUCE AN IDENTITY CERTIFICATE (STRIKE OUT OPTIONS THAT ARE NOT APPLICABLE)

(To be given in Duplicate on Original Stationery)

Certified that Shri/Smt/Miss Son/Wife/Daughter of Shri who is an Indian national, is a temporary/permanent employee of (office address) from (date)and is at present holding the post of Shri/Smt/Miss/Mst.who is also an Indian national, is/are a dependent family member(s) of Shri/Smt and his/her identity is certified. This Ministry/Department/Organization has no objection to his/her acquiring Indian Passport. I, the undersigned, am duly authorized to sign this Identity Certificate. I have read the provisions of Section 6(2) of the Passports Act, 1967 and certify that these are not attracted in case of this applicant. I recommend issue of an Indian Passport to him/her. It is certified that this organization is a Central/State Government/Public Sector undertaking/Statutory body. The Identity Card Number of Shri/Smt/Miss (employee) is

Ref No. & Date

Name, Designation, Address & Tel. No.

Applicant's Photo to be Attested.

Note: Refer Annexure 'F' for details of Section 6(2) of the Passports Act, 1967.