



**DELHI DEVELOPMENT AUTHORITY**

**Application form for submitting claim for SPL Chronic disease / Post-Operative**

Working Staff/Pensioner

UID/PPO No. \_\_\_\_\_

1. Medical Card No.
2. Name of Pensioner/Family Pensioner/official
3. Name of SPL Chronic disease  
OR  
Specify the operation (for Post-Operative)
4. Name of Hospital
5. Period of Medicine Claimed:
  - a) Previous Claim \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_
  - b) This Claim \_\_\_\_\_ to \_\_\_\_\_
6. Amount of claim\*

\*Attachments:

- Doctor's Prescription
- Statement of Vouchers, Original Cash Memo

**Certificate/Undertaking**

1. I undertake that medicines claimed are exclusively for the treatment of special disease mentioned above only (In case of diabetes disease occurred with diabetes as ancillary)
2. I undertake that the quantity of medicines purchased as is in accordance with the prescription.
3. It is certified the all medicines purchased before this claim have been consumed by me in accordance with prescription.
4. Doctor's certificate (Essentiality certificate) is appended.
5. I also undertake that I will, without any demur, refund for with to DDA, the amount, if any found inadmissible on detailed scrutiny/audit subsequently.
6. I am liable to face any action including disciplinary action for false/inadmissible claim, if any taken by DDA.

Please, make payment through my following bank account

Bank A/c No. \_\_\_\_\_

Bank Name \_\_\_\_\_ IFSC Code \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

