

**ANNEXURE - I**

For outdoor treatment only

**MAHANAGAR TELEPHONE NIGAM LIMITED  
OFFICE OF EXECUTIVE DIRECTOR K.L. BHAWAN NEW DELHI**

This is to certify that the following members of my family have taken treatment.

S.NO.	Patient Name	Doctor's Name	Relationship	Suffering from	Period of treatment

S.No.	Patient Name	Amount (Total)		Amount Test	Total Amount	Cash-Memo Numbers		
		Consul tancy	Cash Memo					

**My Claim is for total sum of**

Consultation (total) Rs.

Cash Memo (total) Rs.

Test (total) Rs.

**Grand (total) Rs.**

My Basic Pay for the month of March is Rs. :

Name

Designation & Staff No.



After disallowing inadmissible items, it has been admitted, please pay Rs.....  
(Rupees .....only) to Shri/Smt/Kumari

.....

Controlling authority

Progressive Total Rs. ....

Head of Account .....

Funds are available .....

Received payment

Signature

1. Portion not required should be deleted.
2. Documents to be attached at submission of first bill in every financial year.
  - a) Self / Joint declaration (if both working in MTNL) certificate.
  - b) Copy of Pay-Slip for the month of March.
  - c) Medical Card's (photocopy)