



HPGCL

**HARYANA POWER GENERATION CORPORATION LIMITED**

Regd. Office: C-7, URJA BHAWAN, SECTOR-6, PANCHKULA.

Corporate Identity Number:- U45207HR1997SGC033517

website: [www.hpgcl.org.in](http://www.hpgcl.org.in)

Telephone No.0172-5023425

Fax No.0172-5022434

From

Dy. Secy./Genl.,  
HPGCL, Panchkula.

E-mail

To

1. All Chief Engineers in HPGCL.
2. Controller of Finance, HPGCL, Panchkula.
3. Controller of Accounts, HPGCL, Panchkula.
4. Company Secretary, HPGCL, Panchkula.
5. LR, HPUs, Panchkula.
6. SE/Technical (HQ), HPGCL, Panchkula.
7. SE/FTPS, HPGCL, Faridabad.

Memo No. <sup>Ch-20</sup> /GB/HPGCL-536(Vol-II) /5573  
Dated: 23 12.2021

**Subject: Regarding verification of medical Claim for the medicine purchased for more than one month.**

Enclosed please find herewith a copy of memo no. Ch-309/SCM/Genl. dated 16.12.2021 received from the office of Director/Medical Services, HVPNL, Panchkula on the subject cited matter.

This is for your information and further necessary action please.

DA/As Above.

*sd*  
Dy. Secy. /Genl.  
HPGCL, Panchkula.

Endst. No. Ch-<sup>20</sup> HPGCL-536(Vol-II) /5573

Dated:- 23 12.2021

A copy of above is being forwarded to the following for the information and necessary action:-

1. XEN/IT, HPGCL, Panchkula for uploading the same on HPGCL website.
2. Dy. Secy./Estt.(G), HPGCL, Panchkula.
3. Under Secretary/Estt.(NGE), HPGCL, Panchkula.
4. XEN(Rectt./HR & Training), HPGCL, Panchkula.

*[Signature]*  
Dy. Secy. /Genl.  
HPGCL, Panchkula.

CC:-

1. SPS to MD, HPGCL, Panchkula.
2. OSD to MD, HPGCL, Panchkula.
3. SPS to Director(Generation/Technical/Finance), HPGCL, Panchkula.
4. PS to CE/Admn., HPGCL, Panchkula.

*circulate*



## HARYANA VIDYUT PRASARAN NIGAM LIMITED

Regd. Office, Shakti Bhawan, Plot No. C-4, Sector-6, Panchkula, 134109

Corporate Identity Number: U40101HR1997SGC033683

Website: www.hvsn.org.in, E-mail-dms@hvsn.org.in

Telephone No. 0172-2563461

To

1. The CE/Admn, HVPNL, Panchkula.
2. The CE/Admn., HPGCL, Panchkula.
3. The CE/Admn. UHBVNL, Panchkula.
4. The CE/Admn., DHBVNL, Hisar.

Memo No. Ch- 309/SCM/Genl.

Dated: 16-12-2021

**Subject** Regarding verification of medical Claim for the medicine purchased for more than one month.

Please refer to the subject cited above.

It has come to the notice of this office that many patients are prescribed medicines for a duration more than one month. The claimants, after purchasing the medicines for the full period, submit their medicals claims on the same day, for reimbursement. It has been noticed that at times, the medicine is changed by the doctor at later stage, due to side effects or non-response/change in course of disease. Sometimes, some of the unscrupulous persons submit the claim twice, for the same period at different timeline. Keeping in view the above situation, all the Employees/Pensioners and their dependents are advised to submit their claims after utilizing all the medicines for that period. This office will verify the medical claim only after the utilization certificate (incorporated in essentiality form) is submitted by the patient.

Necessary instructions may be issued to all concern and it may be uploaded on official websites of the Nigam. A revised Essentiality Certificate is enclosed herewith. DA/As above.

*[Signature]*  
Director/Medical Services  
HVPNL, Panchkula.

CC:-

Xen/ITMS, HVPNL, Panchkula for information & necessary action.

DAIRY NO. 5576

DATE 17.12.2021

CHIEF GENL.

DEPUTY GENL.

ASST. GENL.

ASST. GENL.

*[Signature]*  
DS/GENL.

Memo No. 7789  
Dated 17.12.21  
DS/Estt.  
US/NGE  
DS/General  
DS/T&M  
XEN/HR&TRG  
XEN/Rectt.

*[Signature]*  
CE/Admn.,  
16/12/2021

**HVPNL/UHBVNL/HPGCL/DHBVNL  
(ESSENTIALLY CERTIFICATE)**

Name of Employee/claimant /Pensioner	
Employee HRMS code/PPO No.	
Designation	
Office in which employed	
Residential Address of employee/Retiree	
Name of Patient	
Patient Card no.	
Relationship of patient with claimant	
Period of treatment	
Employee bank account no. (same where pay or pension is being disbursed )	
Bank Branch Address:	IFSC code:
Basic pay/basic pension:	Indoor Ticket no.

Certified that the above named patient has been under my treatment in dispensary for \_\_\_\_\_ The under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration the condition of the patient. The medicines are not stocked in the Hospital (for supply to the patients) and do not include proprietary preparation for which cheaper substance of equal therapeutic value are available or preparation which are primarily food, toiletry or disinfectant.

**Certified that:**

1. the medicines have no cheaper effective substitute.
2. the treatment given was Indoor/Outdoor
3. the price claimed is reasonable.
4. the medicines are not in the form of tonic food or vitamins , the cost of which is not reimbursable in govt. orders issued on the subject form time to time.

The patient was suffering from \_\_\_\_\_

Sr. No	Name & quantity of medicines	Outdoor/Indoor ticket No. & date of prescription	Date on which actually purchased	Amount ( in Rs)

**In case of indoor treatment**

Certified that the medicines claimed in this bill are as per Ticket no: \_\_\_\_\_ which relates to the case.

Signature of AMA  
(Name in Block Letters)  
PTO

**Certified that:**

1. The medicines have actually been purchased by me during the course of treatment.
2. **I have fully utilized the purchased medicines during the course of treatment.**
3. I am drawing fixed cash medical allowance.
4. In case Spouse is not employed /working:
5. The patient is my spouse and he/she is wholly dependent up to me and is residing with me.
6. **In case of children:**  
The patient is my child and he/she is wholly dependent upon me and is residing with me and he/she is unmarried & unemployed. His /her monthly income does not exceed Rs 3500/-
7. **For parents only:**  
The parents are wholly dependent upon me and residing with me. The monthly income of my parents does not exceed Rs 3500/-
8. **In case spouse is working:**  
A) My spouse is not getting fixed cash medical allowance from any source.  
B) My spouse is employed and is not getting any medical reimbursement. Affidavit to this effect has already been furnished /is being attached.
9. I am not an ad-hoc employee but working on regular basis.

Signature of Claimant

Full Name \_\_\_\_\_

Designation \_\_\_\_\_

Office/ Department \_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

Dated: