



HPGCL

HARYANA POWER GENERATION CORPORATION LIMITED

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

Corporate Identity Number:- U45207HR1997SGC033517

website: 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, HPU, Panchkula.
6. SE/Technical (HQ), HPGCL, Panchkula.
7. SE/FTPS, HPGCL, Faridabad.

Memo No. ^{Ch-20} /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-²⁰ 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

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: