

T.R. FORM NO.68C

[See G.O No.2336-F(Y) Dated. 11.08.2021]

(To be used for the sanction order generated from WBHS portal)

Medical charges for Reimbursement/ Advance/ Adjustment against Advance Bill under West Bengal Health Scheme

| | | | |
|----------------------------|-----------------|-----------------|--------------|
| Name of the Office: | | | |
| D.D.O Code: | Bill No: | Date: | |
| Token No.: | Date: | T.V.No.: | Date: |
| Head of Account: | | | |

| Sl. No. | Claim Id | Sanction No. | Date | Authority | Name of Employee / Pensioner | Name of Beneficiary | Nature of Treatment | HCO Name and Address | Gross Amount (Rs) | Deduction (Rs) | Net Amount (Rs) |
|--------------------|----------|--------------|------|-----------|------------------------------|---------------------|---------------------|----------------------|-------------------|----------------|-----------------|
| | | | | | | | | | | | |
| Total (Rs.) | | | | | | | | | | | |

| Allotment Details | |
|---|-----|
| Allotment Received | Rs. |
| Progressive expenditure including this bill | Rs. |
| Balance available | Rs. |

1. Certified that I have satisfied myself that the amount drawn previously, with the exception of these detailed above (of which the total amount has been refunded by deduction from this bill have been disbursed to the Government employee therein named and then receipts taken in the office copies of the bill or in a separate acquaintance roll.
2. Certified that Essentiality certificates, original Money receipts, Bills, Vouchers etc are appended.
3. Certified that no claim for the period mentioned in this bill has been preferred earlier.
4. Declaration has been obtained as to receipt/ non-receipt of Medical Insurance claim for the same treatment as appended above.
5. Claims have been included in this bill for drawl after sanction by appropriate authority as per Rule.

Please Pay Rs. _____ (Rupees. _____) only as per beneficiary details available in digitized form.
And / Or

Please pay By-Transfer Credit Rs.(In words) as below

| Sl. No. | Head of Account | Description | Amount (Rs.) |
|---------|-----------------|-------------|--------------|
| | | | |

Bill Clerk

Accountant

Signature of D.D.O with Designation Station

Dated : _____

For use at the Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary details available online.

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

| Sl. No. | Head of Account | Description | BT Type | Amount (Rs.) |
|---------|-----------------|-------------|---------|--------------|
| | | | | |

Examined and Entered.

Accountant / J.A.O.

T.O. / A.T.O. / P.A.O. / A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____

Reasons for objections _____

Auditor

S.O / A.A.O. / Audit Officer