

Shyam Lal College (Evening)

(University of Delhi)

Shahdara, Delhi - 110032

Phone: 2232 4883 Fax: 2232 4078

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Ref.No SLCE/2022-23	Dated: 07	.07.2022

Subject:- Quotation for the Printing and Supply of College Stationery.

The College is inviting sealed quotations for printing & supply of the College Stationery items from the experienced vendors. The sealed quotations duly super scribed the "Quotation for the printing & supply of College Stationery" shall be reached the College office latest by 14.07.2022 at 3.00 p.m. as per the specifications given below:-

S. No	Particular	Quantity	Paper in GSM	Size * (Width X Height)	Printed Pages
1	Medical Reimbursement	2000 Forms	75	17" X 13"	Both Side
2	Local Conveyance Bill	1000 Forms	75	7" X 9"	Single Side
3	Leave Application	2000 Forms	75	7" X 9"	Single Side
4	Contingent Bill / Statement	2000 Forms	75	A4 Size	Both Side

- 1. Printing and supply will be F.O.R. to College.
- 2. All the above items shall be supplied within seven days from the final approval of the draft copy.
- 3. Please note that GST/TAX, if any must be quoted separately.

If it is found that the material used to print the above stationery items is of substandard quality or the final product is not according to the sample shown to the College. The College may impose a fine and/or the payment may be withheld fully or partly and/or the order will be treated as cancel led to that case, the firm is required to take back the rejected material on its own expenses. The decision of the College in this regard shall be final and binding. The principal reserves the right to reject any or all the quotations without assigning any reasons.

(Prof. Hemant Kukreti)

Principal (OSD)

Encls: As above

* Specimen Attached.





SHYAM LAL COLLEGE EVENING, Shahdara, Delhi-32

(University of Delhi) Declaration to be Signed by the College Employee

I hereby declare

- 1. That the statements in this application are true to the best of my knowledge and belief that the person for whom Medical Expenses were incurred is wholly dependent to me.
- 2. That I am not a member of W.U.S. Health Centre and there is no medical store run by the Government / Co-operative Society within a radius of 2Kms. from my residence.

3. That this amount has this amount from any	never been drawn by me or other source.	my wife from any source and / I or spouse will not o	lain
Dr	nembers had been under in in approved by the University	Medical Treatment of registered Medical Practiti	one
5. That I hereby undertal by recovered from my	ke in case any excess paym salary of ensuing months.	nent is detected by the University or audit party, the s	ame
Counter Signature Principal		Signature of Employee	
Place	••	Name	
Date	•••	Designation	
	FOR OF	FICE USE •	
Bill Received for Scrutiny	Rs		
In - Admissible Amount	Rs	<u></u>	
Net Amount Payable	Rs	The state of the s	
	eps to survive edition res	कार्याक्षी भा कार्याक स्थानकींहर्य १८०० कार्याक कर्ता शहर हर मुक्तकीकारक १८० एका कार्यास्थ्य है।	••••
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(PRE - RECEIPTED)	ger it was according playee and in tess byger that the	we get the secretarian as when the emission of the emission as we see that we)
(Signature of the employee		760 A. S.	

with Revenue Stamp in case amount exceed Rs. 5000/-)

Form of application for claiming refund of medical expenses incurred in connection with hospitalization OR OPD OR Medical Attendance treatment of College employee and his/her family member.

Separate form should be used for each patient.

- 1. Name and designation of the employee (In block letters)
 - a) Whether married or unmarried
 - b) If married, the place where wife / husband
 - of the employee is employed (where applicable)
 - c) If pensioner, please attach a copy of WUS Health Centre
- 2. Pay of the College employee and any other emolument which should be shown separately
- 3. Actual Residential Address
- 4. Name of the patient and his / her relationship to the College employee
 - N.B.: In the case of children state age also Relationship:
- 5. Place at which the patient fell ill
- 6. Details of the amount claimed

A. Medical Attendance:

- (i) Fees for consultation, including
 - a) The name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - b) The number and dates of consultation and the fee paid for each consultation.
 - c) The number and date of injections and the fee paid for each injection.
 - d) Whether consultation and / or injection were had the hospital at/ the consulting room of the medical officer or at the residence of the patient.
- (ii) Charges for pathological, bacteriological radiological or other similar tests undertaken during diagnosis indication.
 - (a) The name of the hospital or laboratory where undertaken and
 - (b) Where the tests were undertaken on the advice of the authorised medical attendant, if so a certificate to the effect should be attached.
 - (c) Costs of medicine, purchased from the market (lists of medicine, cash memos and the essential certificates should be attached.

B. HOSPITAL TREATMENT

Name of the Hospital

Charges for hospital treatment indicating separately the charges for:

(a) Accommodation (states whether it was according to the status or pay of the employee and in case where the accommodation is higher than the status of the employee. A certificate should be attached to the effect that the accommodation to which he was entitled was not available.)

(b) Diet

Name:

Age:

(Signature of the except) yee with Revenue States or other

- (c) Surgical operation or medical treatment on confinement.
- (d) Pathological, bacteriological, radiological or other similar tests indication.
 - (a) The name of the hospital or laboratory at which undertaken.
 - (b) whether undertaken on the advice of the medical officer-in-charge of the case of the hospital, if so a certificate to that effect should be attached.
- e) Medicines
- f) Special Medicines (list of medicines: cash memos and the essential certificates should be attached)
- g) Ordinary Nursing
- h) Special nursing i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in-charge of the case and counter signed by the Medical Superintendent of the hospital should be attached.
- (i) Ambulance charges
 (State the journey to and from undertaken)
- (j) Any other charges e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.
- Notes: 1.If the treatment was received by the employee at his residence give particulars of such treatment and attach a certificate from the authorised medical attendant as required by the rules.
 - If treatment was received at hospital other than a Government Hospital necessary details and the certificates of the authorised medical attendant that the requisite treatment was not available at any nearest govt. hospital should be furnished.

C. Consultation with specialist:

Fees paid to a specialist or a medical officer other than a authorised medical attendant indicating:-

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultation and fees charged for each consultation
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the Authorised Medical Officer and the prior approval of the Chief Administrative Medical Officer of the State was obtained, if so, a certificate to that effect should be attached.

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7. Total Amount Claimed

8. List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

CERTIFICATE 'A'
(To be completed in the case if patient who are not admitted to hospital for treatment)

Certificate granted to Mr./Ms			
I, Dr.		her	reby certify
(a) that I charged and received Rs			for
(b) that I charged and received Rs		for adm	inistering intra
(d) that the patient has been under treatment at	consulting roo nnection were t. The medica	om e essential fo ines are not	hospital r the recovery / stocked in the
Name of the Hospital proprietary preparations for which cheaper substances of equapreparation which are primarily food, toilets or disinfectants.			do not include available and
Name of the Cash Memo No. Name of Me Chemist with Add. & Date			Total
Chemist with Add. & Date			
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and the second s			
(e)that the patient is / was suffering from	to	aı	nd is / was
(f) that the patient is /was not given pre-natal or post-natal treatm			
(g) that the X-Ray, laboratory test etc. for which an expenditure of			
was incurred were necessary and were undertaken on my advice at			
hoshida a co (Name of the Hospital)			***************************************
(h) that I referred that patient to Dr.		for specialist	ts consultation
and that the necessary approval of the (Name of the Chief Adm	inistrative Me	dial Officer)	as
(i) that the patient did not require hospitalisation.			
Date		e & Designa	tion of the
N.B. Certificates not applicable should be struck off. Wherever cer			
filled in by the Medical Officer in all cases. Particulars given by the claimant have been entered in the register	on Page No		
S.No maintained in the college for the purpo			

SHYAM LAL COLLEGE (EVE.) SHAHDARA, DELHI-110032 LOCAL CONVEYANCE BILL



Date

Conve	eyance	Mode of conveyance	Details of work carried out	Amour	
From	То	i.e. Taxi / Scooter / Bus	Details of work carried out	Rs.	P.
			7	otal	
				Olai	
rney verified	and recom	mended for Appr	roved for payment	Signature	
ment of Rup	ees			Name	
			Principal	Designation	
nature			- Ппора		
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D. (A/Cs.)		E	Bursar		Principa
			CEIPT		
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1			only) in full ar	nd final payment o	f my abov
ilveyance bill	unough				
				Receiver	- Cianati

Date



SHYAM LAL COLLEGE (EVE.) Shahdara, Delhi-110032 (Delhi University)

Application Form For Earned/Half-Pay(Medical)/
Extra Ordinary/Casual/Compensatory/Academic Leave

Nature of Leave Applied		
	Designation	
Leave required from	to(Both	days Inclusive)
Total days		
	any proposed to be prefixed / suffixed to leave	
Whether permission to le	eave the station is required : Yes / No	
Leave Address		
Date	(Signatu	re of the Applicant)
	FOR OFFICE USE ONLY	
Leave applied for is Due / Not Due	Recommended	Sanctioned
Dealing Assistant	Section Officer (Admn) Admn. Officer	Principal
Leave entered in the leave	ave register page no	Dealing Assistant



Shyam Lal College (Evening), Shahdara, Delhi-32 CONTINGENT BILL / STATEMENT OF ACCOUNT

Voucher No Date			1. Advance Received ₹ 2. Amount spent against this bill ₹			
Pate of Gubinis	31011		3. Balance ₹			
Attached Bill / Cash Memo No.Date	NAME OF	SUPPLIER	PARTICULARS	AMOUNT Rs.	P.	
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Passed for Rs. Dr. Cr.			TOTAL Non Consumable Material (Nature of Material should be Consumable Material Total ₹	mentioned)₹Signat	ture	

Certificate From the Purchase-In Charge

1. Certified that the charges supported by voucher /cash memo entered in this bill have not so far been submitted to the Accounts Branch for payment.

2. Certified that the articles have been entered in the stock register on the pages noted against

each item.

Certified that the purchase have been made from offering the lowest rates.

b) Certified that the quantities of goods as shown in the invoice / bill have been duly compared, with the quantities actually received.

c) Certified that the rates charged are proper and that all the totals and calculation have been checked & found correct.

5. FOR LIBRARY PURCHASES (Books & Magazines)

Certified that :-

The purchase of books has been made only from the approval suppliers on the approved rate of commission / foreign exchange. The price tellies with the publisher's catalogue / books and the mathematical accuracy has also been checked.

6. Before subscription for journals magazine etc. necessary sanction / permission has been obtained from the competent authority and certified that the journals subscribed for proceeding year have actually been received and entered into the relevant registers.

7. Certified that the payment to attached cash memos have been duly made to the right full claimants and the prices charged in the bill are correct.

Recommended for payment of₹	(Rupees	
) Only.	

Signature of Purchase-in-charge

Remarks, if any: by the purchase-in-charge	Remarks, if any: by the Account Branch
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