



# Shyam Lal College (Evening)

(University of Delhi)

Shahdara, Delhi - 110032

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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 sub-standard 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.



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**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 never been drawn by me or my wife from any source and / I or spouse will not claim this amount from any other source.
4. That I / my family members had been under Medical Treatment of registered Medical Practitioner Dr. .... in ..... Hospital / Clinic whose name has been approved by the University.
5. That I hereby undertake in case any excess payment is detected by the University or audit party, the same by recovered from my salary of ensuing months.

Counter Signature  
Principal

Signature of Employee

Place .....

Name .....

Date .....

Designation.....

**FOR OFFICE USE**

Bill Received for Scrutiny Rs. ....

In - Admissible Amount Rs. ....

Net Amount Payable Rs. ....

Passed for Rs. .... ( Rupees ..... )  
..... )

**Debit Re-imbusement of Medical Expenses.**

Dealing Asstt.

S.O. (A/cs)

Bursar

Principal

Received payment of Rs. .... (Rupees ..... )

**(PRE - RECEIPTED)**

(Signature of the employee  
with Revenue Stamp in case  
amount exceed Rs. 5000/-)



- (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.

2. 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.

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**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**

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**8. List of enclosures :**

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







# SHYAM LAL COLLEGE (EVE.)

Shahdara, Delhi-110032

(Delhi University)

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

3

Nature of Leave Applied .....

Name ..... Designation .....

Leave required from ..... to ..... (Both days Inclusive)

Total days .....

Sundays and holidays if any proposed to be prefixed / suffixed to leave .....

Reason for leave .....

Whether permission to leave the station is required : Yes / No .....

Leave Address .....

Date .....

(Signature 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 register page no. ....

Dealing Assistant





### 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.
3. Certified that the purchase have been made from offering the lowest rates.
4. a) Certified that the articles received were new & in good condition according to the terms & conditions of the Order No. .... Date ..... (copy enclosed)  
 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