

Shyam Lal College (Evening)

(University of Delhi) Shahdara. Delhi - 110032

Phone: 2232 4883 Fax: 2232 4078

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Ref.No SLCE/2024-25 Dated: 23.10.2024

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

The College is inviting sealed quotations for printing & supply of the College Stationery items from the experienced vendors. The sealed envelope duly superscribed the "Quotation for printing & supply of the College Stationery" shall be reached the College Office latest by 06.11.2024 upto 5.00 p.m. as per the specifications given below:-

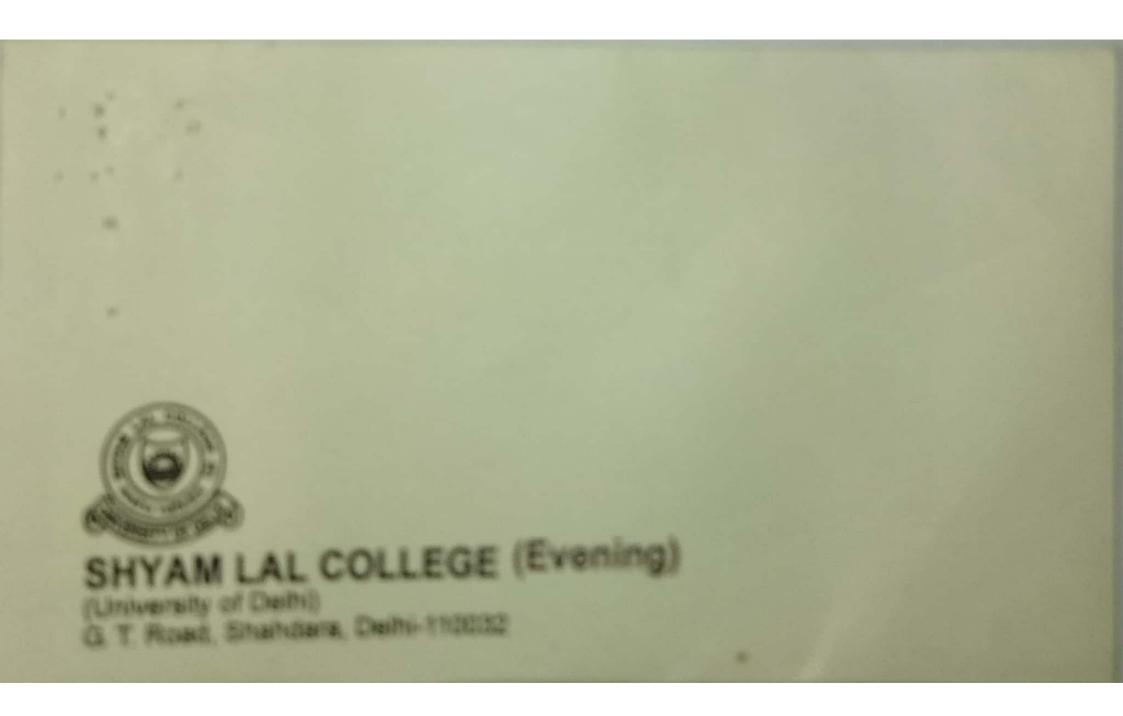
S.	Particular	Quantity	Paper	Size	Printed
No			in	(Width X Height)	Pages
<u> </u>			GSM		
1	Envelope (without window)	1000 Pcs.	80	6" X 4"	Single Side
2	Envelope (without window)	1000 Pcs.	80	9" X 4"	Single Side
3	Envelope (with window)	1000 Pcs.	80	9" X 4"	Single Side
4	Local Conveyance Bill	1000 Forms	75	7" X 9"	Single Side
5	Leave Application	2000 Forms	75	7" X 9"	Single Side
6	College Letter Head	1000 Pcs.	Bond	A-4 Size	Single Side
	(Two Colour Printing Red &	(10 pads)	Papers		(Two
	Blue on Bond Paper)	, , ,			Colour)
7	Envelope (without window)	1000 Pcs.	80	12" X 10"	Single Side
8	Medical Reimbursement	2000 Forms	75	17" X 13"	Both Side
	Form				1

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

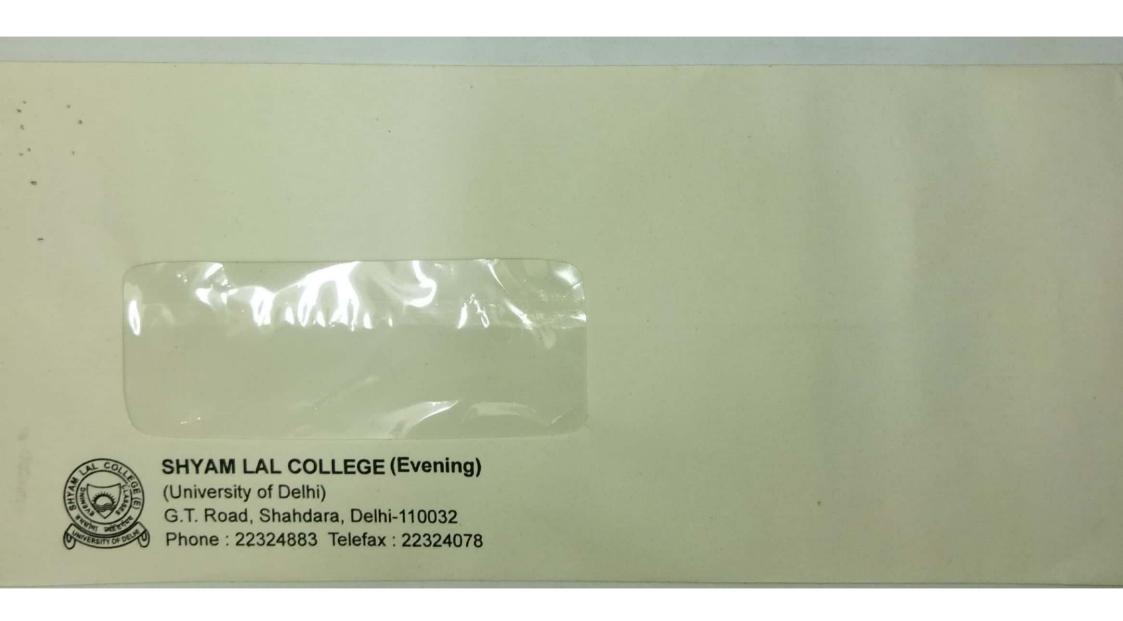
If it is found that the material used to print the above stationery items is of sub-standard quality or the final product is not according to the sample shown to the College, the College may impose a fine and/or the payment may be withheld fully or partly and/or the order will be treated as cancelled 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 College reserves the right to reject any or all the quotations without assigning any reason.

(Prof. Nachiketa Singh) Principal

Encls: Specimen Attached







SHYAM LAL COLLEGE (EVE.)

SHAHDARA, DELHI-110032 LOCAL CONVEYANCE BILL

	Conveyance		20	Amount		
From	То	Mode of conveyand i.e. Taxi / Scooter / E		d out Rs.	P.	
	and recomme		Approved for payment	Total		
yment of Rup	ees			Name		
nature		(Rs.	Principal		on	
	Debit : Credit :	Conveyance Acc			***************************************	
			Bursar		Principal	
D. (A/Cs.)			RECEIPT			
). (A/Cs.)						
D. (A/Cs.)	nanks from the	principal, Shyam	Lal College (Eve.) Shahdara,	Delhi-32 a sum o	f Rs	



SHYAM LAL COLLEGE (EVE.)

SHAHDARA, DELHI-110032 (DELHI UNIVERSITY)

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

Name Leave required from Total days Sundays and holidays	if any proposed to be pref	Designation (Bot	th days inclusive)
Whether permission to	o leave the station is requir	ed : Yes/No.	
		(Signature	of the Applicant)
	FOR OFFICE US	E ONLY	
Leave applied for is Due/Not Due	Recomm	ended	Sanctioned
Dealing Assistant	Section Officer (Admn)	Admn. Office	cer Principal
Leave entered in the le	eave register page no		Dealing Assistant



SHYAM LAL COLLEGE (EVE.)

(UNIVERSITY OF DELHI) G.T. Road, Shahdara, Delhi-110032 Phone 22324883

Visitatie www.shyamiale.du.at.in E-mail shyamial_a@yahoo.oo.in procipal@shyamiare.du.at.in

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CERTIFICATE 'A'

	30 be completed in t	the case if patient wi	to are not admitted to h	ospital for treatment)	
Certificate granted to	Mr./Ms				
wife/son/daughter/fi	ther/mother of M	r./Ms			
employed in the Shys	m Lal College (Ev	vening), Shahdar	a, Delhi-110032		
I, Dr.				bere	by certify
(a) that I charged an	d received Rs				for
consultation on		(da	ate (s) to be given)	at my consultatio	****************
A) A . T A				at the resident of th	
(b) that I charged and				at my consultat	
muscular injections or		(Dates to	be given) at.	at the resident of	
(c) the injections adm		ere not for immu	nizing or prophylac	tic purposes.	hospital
(d) that the patient has and that the undermen	s been under treat	tment at	my consulti	ng room	
prevention of serious	deterioration in				
Nat	ne of the Hospital		for supply to pri		
proprietary preparati	ons for which c			peutic value are	available and
preparation which are					
Name of the	Cash Memo No	o. N	ame of Medicine	Price	Total
Chemist with Add.	& Date				

***************************************	***************************************	***************************************			
)that the patient is / v	vas suffering from	n		and	l is / was
nder my treatment from					
that the patient is /v					
) that the X-Ray, labor					
as incurred were neces	sary and were u	ndertaken on my	advice at		
		(Name of the I	Toenital)		
that I referred that we	tiont to Dr	***		for engoiglists	
) that I referred that pa		*******************************		for specialists	consultation
d that the necessary ap		(Name of the	Chief Administrative	Medial Officer)	as
quired under the rule v					
that the patientd	id not require	hospitalisation	L		
	require				
te				ature & Designatio	
3. Certificates not app	licable should be	struck off Wh		Officer of hospital /	
and the company of the last			nover continuences	is compaisory, it is	nust De
d in by the Medical (
iculars given by the c	laimant have bee	en entered in the	register on Page 1	No	

maintained in the college for the purpose.



SHYAM LAL COLLEGE EVENING, Shahdara, Delhi-32

(University of Delhi)

Declaration to be Signed by the College Employee

I hereby declare

Counter Signature

- 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 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.

Signature of Employee

Place		Name		
Date	Designation			
	FOR OFF	ICE USE		
Bill Received for Scrutiny	Rs			
In - Admissible Amount	Rs			
Net Amount Payable	Rs			
Passed for Rs	(Rupees			
)			
Debit Re-imbursement of M	edical Expenses.			
Dealing Asstt.	S.O. (A/cs)	Bursar	Principal	
Received payment of Rs	(Rupees			

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

Name:

Age:

Relationship :

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
 - c) If pensioner, please attach a copy of WUS Health Centre
- Pay of the College employee and any other emolument which should be shown separately

of the employee is employed (where applicable)

- 3. Actual Residential Address
- Name of the patient and his / her relationship to the College employee
 - N.B.:- In the case of children state age also
- 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.
 - 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 marked (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

(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.

7. Total Amount Claimed

8. List of enclosures :

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