



Shyam Lal College (Evening)

(University of Delhi)

Shahdara, Delhi - 110032

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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. No	Particular	Quantity	Paper in GSM	Size (Width X Height)	Printed Pages
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 (Two Colour Printing Red & Blue on Bond Paper)	1000 Pcs. (10 pads)	Bond Papers	A-4 Size	Single Side (Two Colour)
7	Envelope (without window)	1000 Pcs.	80	12" X 10"	Single Side
8	Medical Reimbursement Form	2000 Forms	75	17" X 13"	Both Side

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 (Evening)

(University of Delhi)

G. T. Road, Shahdara, Delhi-110032



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(University of Delhi)

G.T. Road, Shahdara, Delhi-110032

Phone : 011-22324883, 011-22324078



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Phone : 22324883 Telefax : 22324078

SHYAM LAL COLLEGE (EVE.)

SHAHDARA, DELHI-110032
LOCAL CONVEYANCE BILL

Date

I have incurred the following expenditure for College on

I certify that I have used the conveyance for which this pertains to,

Conveyance		Mode of conveyance i.e. Taxi / Scooter / Bus	Details of work carried out	Amount	
From	To			Rs.	P.
			Total		

Journey verified and recommended for
Payment of Rupees

Approved for payment

Signature.....

Name

Designation

Signature

Principal

Passed for Rs. (Rs.)

Debit : Conveyance Account
Credit :

S.O. (A/Cs.)

Bursar

Principal

R E C E I P T

Received with thanks from the principal, Shyam Lal College (Eve.) Shahdara, Delhi-32 a sum of Rs.....

(Rs. only) in full and final payment of my above
conveyance bill through

Date

Receiver's Signature



SHYAM LAL COLLEGE (EVE.)

SHAHDARA, DELHI-110032
(DELHI UNIVERSITY)

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

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



SHYAM LAL COLLEGE (EVE.)

(UNIVERSITY OF DELHI)

G.T. Road, Shahdara, Delhi-110032

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principal@shyamlal.edu.in



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Phone : 011-22324883, 011-22324078

(2)

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 :

Name :	
Age :	
Relationship :	

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.
 - 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 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

(3)

- (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.

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 :

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