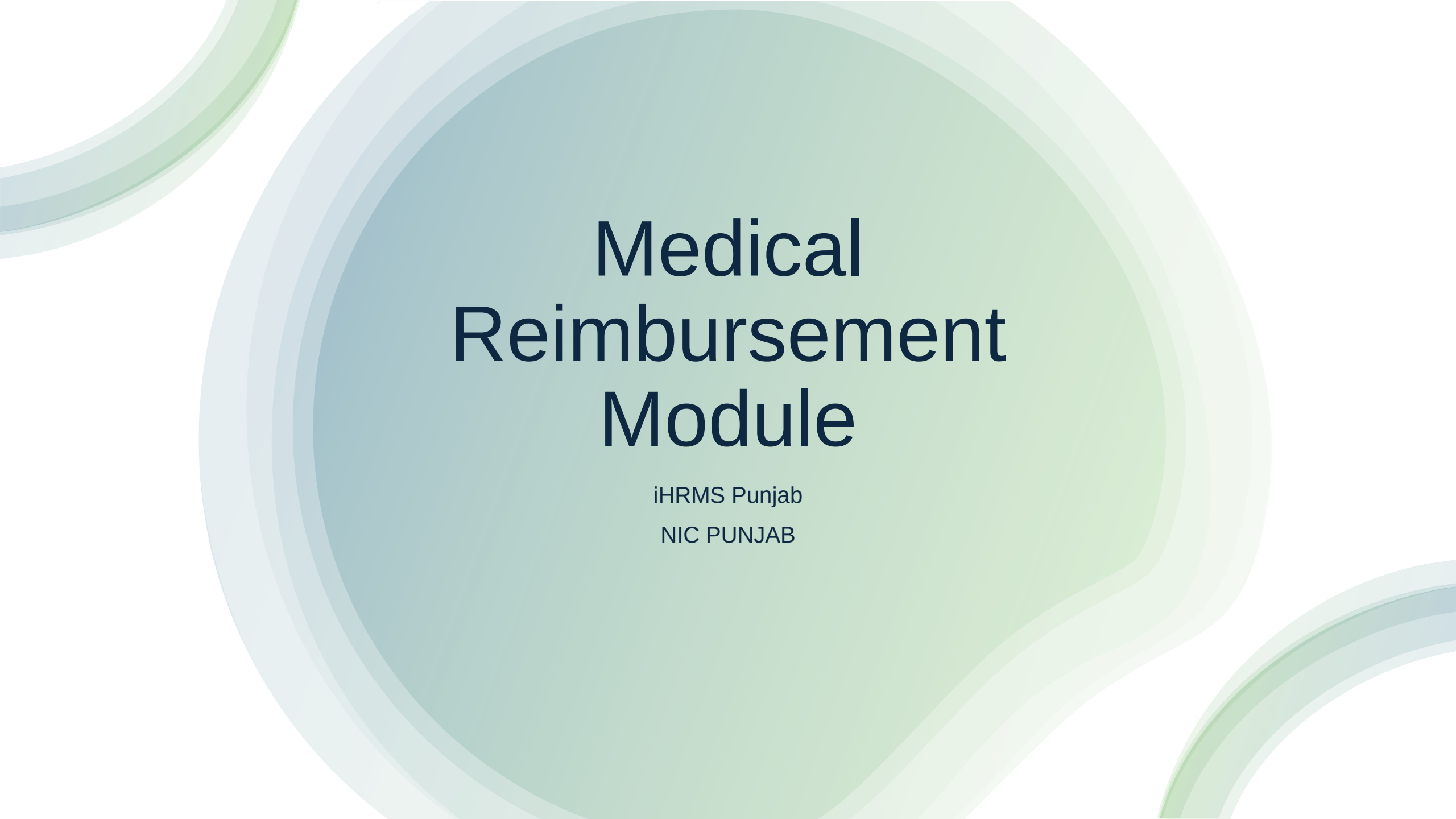




Medical Reimbursement Module

iHRMS Punjab
NIC PUNJAB

Medical Bill Roll

- **Employee**

- Fill the Medical Bill
- Submit Bill with Documents
- Upload Chronic Disease Certificate (if applicable)
- Track Self Medical Bill

- **Medical Branch**

- Define Medical bill flow
- Mapping Staff in Medical Bill Flow
- Shift medical bill
- Set bill priority (DHS level)

- **Medical staff**

- View Employee Bill Details & Give Noting
- Forward the medical bill to the next level in the workflow
- Approve the medical bill when finalized

- **Establishment data entry**

- Fill the Medical Bill for others
- Submit Bill with Documents for others
- Track Others Medical Bill

Open <https://hrms.punjab.gov.in/> And Login Office ID

[SKIP TO MAIN CONTENT](#)    English ▾



ਪੰਜਾਬ ਸਰਕਾਰ
GOVERNMENT OF PUNJAB
INTEGRATED HUMAN RESOURCE MANAGEMENT SYSTEM
A Tool of Effective Management of Human Resources and Decision Support



स्वच्छ भारत
एक कदम स्वच्छता की ओर

[Home](#) [About Us +](#) [FeedBack](#) [Screen Reader](#) [Download Apps +](#) [Services +](#) [Grievance](#) [iHRMS Videos](#)

upport number for iHRMS Punjab support (Working Days Only) : 0172-2663812, 0172-2663813, 0172-2663814, 0172-2660126



Property Return



Search Orders/Forms



Service Book



Data Entry Status



Download ePPO



Medical Bill Status

[AUTHORIZED LOGIN](#) [DEMO LOGIN](#) [JAN-PARICHAY](#)

USERNAME

PASSWORD

☐ Image Captcha ☒ Audio Captcha 



[LOGIN](#) [FORGOT PASSWORD ?](#)

 Your IP Address is being monitored for security purposes.

[GET iHRMS CODE](#)

Administrative Departments
56

Departments Organizations
228

Registered Offices
43047

Registered Employees
512558

Current Employees
364226

Total Visitors
203656928

Creation of Medical Branch at DDO Level

Application Management | Employee Enrollment | External ManPower | Employee Pay Fixation | **Medical** | Pension Management | MIS Reports

Update/Miscellaneous | Payroll Masters | Leave | Services | Creation Of Medical Branch

MEDICAL BRANCHES

➤ Add Medical Branch

Department	HEALTH AND FAMILY WELFARE DEMO
District	GURDASPUR
Office	BPHC GURDASPUR
Branch Name*	Medical Branch - BPHC GURDASPUR
Head Of Branch*	Enter Head Of Branch Name Help
Charge Taken On*	
Branch Level*	DDO 

Sanction Authority Office

Current Posting Dept.*	--Select-- 
Office State*	HRMS DEMO STATE 
Office District*	--Select-- 
Office Level*	
Posting Office*	

[Save](#) [Reset](#)

➤ View Medical Branches

DDO will show for all office level

MEDICAL BRANCHES

+ Add Medical Branch

- View Medical Branches

Search:

 EXCEL

 PDF

 CSV

 PRINT

Show 10  entries

#	Branch Name	District	Office Department	Head Of Branch Charge Taken On	Sanction Authority Office	Action
1	Medical Branch - CIVIL SURGEON SAS NAGAR (6)	S.A.S NAGAR	CIVIL SURGEON SAS NAGAR [HEALTH AND FAMILY WELFARE DEMO]	NIKHIL SHARMA (504) [01/04/2023]	CIVIL SURGEON OFFICE11	Edit
2	Medical Branch - CIVIL SURGEON SAS NAGAR (7)	S.A.S NAGAR	CIVIL SURGEON SAS NAGAR [HEALTH AND FAMILY WELFARE DEMO]	GYANESH KUMAR (505) [30/04/2022]	CIVIL SURGEON SAS NAGAR	Edit

Showing 1 to 2 of 2 entries

Previous 1 Next

Medical Bill Flow For DDO Level

Medical

Leave

My Services

Staff In Medical Branch

Medical Bill Flow

Shift / Move Medical Case

District wise Distribution

Medical bill flow: flow in which the medical case will be moved in office

MEDICAL BILL FLOW

⊖ Create Medical Bill Flow

Treatment Type *

Government Hospital - DDO Level , Bill Limit : 0 - 25000



Search Detail

⊕ View & Edit Medical Bill Flow

MEDICAL BILL FLOW

● Create Medical Bill Flow

Treatment Type *

Government Hospital - DDO Level , Bill Limit : 0 - 25000



Search Detail

Bill Flow Description *	Bill Flow Level *	Is OTP Required *	Action
Employee	10	No	
Medical Branch	20	No	
DA	30	No	
Approving Authority	40	No	<button>ADD</button> <button>Delete</button>

Update

Reset

● View & Edit Medical Bill Flow

--Select--

Employee

DA

Superintendent

Medical Branch

SO (Verifying Officer)

Approving Authority

MEDICAL BILL FLOW

+ Create Medical Bill Flow

- View & Edit Medical Bill Flow

View & Edit Medical Bill Flow

Search:

 EXCEL

 PDF

 CSV

 PRINT

Show 10  entries

Sr.No. 	Bill Flow Type 	Jurisdiction Type 	Bill Start Limit 	Bill End Limit 	Total Level 	Action 
1	DDO	Government Hospital	0	25000	4	Edit Delete

Showing 1 to 1 of 1 entries

Previous 1 Next

Staff in Medical Branch DDO Level

Medical

Leave

My Ser

Staff In Medical Branch

Medical Bill Flow

Shift / Move Medical Case

District wise Distribution

MEDICAL BRANCH - MEMBER MASTER

● Add Medical Branch Member

Department*

HEALTH AND FAMILY WELFARE DEMO

District*

S.A.S NAGAR

Office*

CIVIL SURGEON SAS NAGAR

Branch Name*

Medical Branch - CIVIL SURGEON SAS NA

Member Type*

-Select-

Member Detail*

Enter Member Detail

Help

Charge Taken On*

Save

Reset

-Select-

-Select-

DA

Superintendent

Chief Pharmacist

SO (Verifying Officer)

Approving Authority

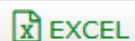
Map office employee's with the bill flow

MEDICAL BRANCH - MEMBER MASTER

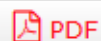
+ Add Medical Branch Member

- View Medical Branch - Member List

Search:



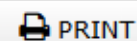
EXCEL



PDF



CSV



PRINT

Show

10



entries

#	Member Name	Designation	Member Type	Charge From	Action
1	SEBI KAUR (512)	AC MECHANIC	DA	01/04/2023	De-Activate
2	LOVEDEEP SINGH (514)	SYSTEM MANAGER	Approving Authority	01/01/2023	De-Activate
3	RASHMI SINGH (511)	MEDICAL OFFICER GENERAL	Approving Authority	01/04/2023	De-Activate
4	MANGLU SHARMA (508)	SENIOR ASSISTANT	Superintendent	02/04/2023	De-Activate
5	MUKESH SHARMA (513)	SENIOR MEDICAL OFFICER DENTAL	SO (Verifying Officer)	02/04/2023	De-Activate

Showing 1 to 5 of 5 entries

Previous

1

Next

Filling of Medical bill

My Services	
GPF Services	
PayRoll Services	
Request for Service Book Updation	
Employee DashBoard	
Leave Services	
Various Service Book Updations	
ACR Services	
Medical Bill - Personal	Fill Essential Certificate (Self)
Medical Bill - Official	Upload / Submit Medical Bill (Self)
My Profile	Update Chronic Disease Certificate (Self)
Property Return Services	Track Medical Bill (Self)

Employee ID

My Services	
GPF Services	
PayRoll Services	
Request for Service Book Updation	
Employee DashBoard	
Leave Services	
Various Service Book Updations	
ACR Services	
Medical Bill - Personal	
Medical Bill - Official	Fill Essential Certificate (Others)
My Profile	Upload / Submit Medical Bill (Others)
Property Return Services	Processed Medical Bill
Bank A/C Updation	Process Medical Bill
Pension Services	Track Medical Bill (Others)

Establishment
Data Entry

View Instruction For Submit Medical Bill

Director Health and Family Welfare Punjab - ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ

Medical bill's related check list - ਮੈਡੀਕਲ ਬਿਲ ਸਬੰਧੀ ਚੈਕ ਲਿਸਟ

1. Letter from the concerned department in the medical bill containing the applicant's designation and complete address of the department along with phone number. (ਮੈਡੀਕਲ ਬਿਲ ਵਿੱਚ ਸਬੰਧਤ ਵਿਭਾਗ ਦਾ ਪੱਤਰ ਜਿਸ ਵਿੱਚ ਬਿਨੈਕਾਰ ਦਾ ਅਹੁਦਾ ਅਤੇ ਵਿਭਾਗ ਦਾ ਮੁਕੰਮਲ ਪਤਾ ਸਮੇਤ ਫੋਨ ਨੰਬਰ।)
2. The medical bill of the claimant must contain the information about gazetted/non-gazetted officer/employee by the concerned department. (ਕਲੇਮ ਕਰਤਾ ਦੇ ਮੈਡੀਕਲ ਬਿਲ ਵਿੱਚ ਸਬੰਧਤ ਵਿਭਾਗ ਵਲੋਂ ਅਧਿਕਾਰੀ/ਕਰਮਚਾਰੀ ਦੇ ਗਜ਼ਟਿਡ/ਨਾਨ-ਗਜ਼ਟਿਡ ਹੋਣ ਦੀ ਜਾਣਕਾਰੀ ਸ਼ਾਮਲ ਹੋਣੀ ਜ਼ਰੂਰੀ ਹੈ।)
3. EC in the relevant bill. It is necessary to have the form, which has the signature of the claimant and attested by the concerned hospital. (ਸਬੰਧਤ ਬਿਲ ਵਿੱਚ ਈ.ਸੀ. ਫਾਰਮ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਹੱਕਦਾਰ ਦੇ ਹਸਤਾਖਰ ਅਤੇ ਸਬੰਧਤ ਹਸਪਤਾਲ ਪਾਸੇ ਤਸਦੀਕ ਕੀਤਾ ਹੋਵੇ।)
4. A complete discharge summary of the medical bill from the concerned hospital should be enclosed. (ਸਬੰਧਤ ਹਸਪਤਾਲ ਪਾਸੇ ਮੈਡੀਕਲ ਬਿਲ ਦੀ ਮੁਕੰਮਲ ਡਿਸਚਾਰਜ ਸਮਰੀ ਨੱਥੀ ਹੋਵੇ।)
5. Complete detail wise final bill should be enclosed in the medical bill. If a any package is included in a bill, its item wise details should be sent. (ਮੈਡੀਕਲ ਬਿਲ ਵਿੱਚ ਮੁਕੰਮਲ ਡਿਟੇਲ ਵਾਇਜ਼ ਫਾਇਨਲ ਬਿਲ ਨੱਥੀ ਹੋਵੇ। ਜੇਕਰ ਕਿਸੇ ਬਿਲ ਵਿੱਚ ਗੋਈ ਪੈਕਿਜ਼ ਲਗਾਇਆ ਗਿਆ ਹੈ, ਤਾਂ ਉਸਦੀ ਆਇਟਮ ਵਾਇਜ਼ ਡਿਟੇਲ ਭੇਜੀ ਜਾਵੇ।)
6. A self-declaration letter should be attached by the applicant in which it should be made clear that the applicant wants to be paid as per the rates of the Punjab Government policy dated 13.02.1995, regarding which, after the bill is verified, after the court verification, the court case etc. will be resorted to. will not take (ਬਿਨੈਕਾਰ ਵਲੋਂ ਸਵੈ-ਘੋਸ਼ਣਾ ਪੱਤਰ ਨੱਥੀ ਕੀਤਾ ਜਾਵੇ ਜਿਸ ਵਿੱਚ ਇਹ ਸਪਸ਼ਟ ਕਰਵਾਇਆ ਜਾਵੇ ਕਿ ਬਿਨੈਕਾਰ ਨੂੰ ਪੰਜਾਬ ਸਰਕਾਰ ਦੀ ਪਾਲਿਸੀ ਮਿਤੀ 13.02.1995 ਦੇ ਰੇਟਾਂ ਅਨੁਸਾਰ ਅਦਾਇਗੀ ਲੈਣੀ ਚਾਹੁੰਦਾ ਹੈ, ਜਿਸ ਸਬੰਧੀ ਉਹ ਬਿਲ ਤਸਦੀਕ ਹੋਣ ਉਪਰੰਤ ਕੋਰਟ ਤਸਦੀਕ ਹੋਣ ਉਪਰੰਤ ਕੋਰਟ ਕੇਸ ਆਦਿ ਦਾ ਸਹਾਰਾ ਨਹੀਂ ਲਵੇਗਾ।)
7. Claimant's complete home address/mobile number/copy of PAN card/Aadhaar card should be attached. (ਕਲੇਮਕਰਤਾ ਦਾ ਮੁਕੰਮਲ ਘਰ ਦਾ ਪਤਾ/ਮੋਬਾਇਲ ਨੰਬਰ/ਪੈਨ ਕਾਰਡ/ਅਧਾਰ ਕਾਰਡ ਦੀ ਕਾਪੀ ਨੱਥੀ ਕੀਤੀ ਜਾਵੇ।)
8. In cases where a chronic certificate is required, the chronic certificate of the period of treatment and of the disease concerned should be attached. (ਜਿਨ੍ਹਾਂ ਕੇਸਾਂ ਵਿੱਚ ਕਰੋਨਿਕ ਸਰਟੀਫਿਕੇਟ ਲੋੜੀਂਦਾ ਹੈ, ਉਸ ਵਿੱਚ ਇਲਾਜ ਦੇ ਸਮੇਂ ਦਾ ਅਤੇ ਸਬੰਧਤ ਬਿਮਾਰੀ ਦਾ ਕਰੋਨਿਕ ਸਰਟੀਫਿਕੇਟ ਨੱਥੀ ਕੀਤਾ ਜਾਵੇ।)
9. Information regarding the treatment to be conducted outside Punjab should be given in the departmental letter. (ਪੰਜਾਬ ਤੋਂ ਬਾਹਰ ਕਰਵਾਏ ਜਾਣ ਵਾਲੇ ਇਲਾਜ ਸਬੰਧੀ ਸੂਚਨਾ ਵਿਭਾਗੀ ਪੱਤਰ ਵਿੱਚ ਦਿੱਤੀ ਜਾਵੇ।)
10. If in any case the claimant has taken health insurance from a private company, his complete details should be mentioned in the letter from the concerned department. (ਜੇਕਰ ਕਿਸੇ ਕੇਸ ਵਿੱਚ ਕਲੇਮਕਰਤਾ ਨੇ ਕਿਸੇ ਪ੍ਰਾਈਵੇਟ ਕੰਪਨੀ ਪਾਸੋਂ ਹੈਲਥ ਇੰਸੂਰੈਂਸ ਲਈ ਹੋਵੇ, ਉਸਦੀ ਮੁਕੰਮਲ ਜਾਣਕਾਰੀ ਸਬੰਧਤ ਵਿਭਾਗ ਦੇ ਪੱਤਰ ਵਿੱਚ ਦਰਸਾਈ ਹੋਣੀ ਚਾਹੀਦੀ ਹੈ।)

Ok

Hospital*

Select Hospital

Help

Essential Certificate

[View Instruction \(please read carefully before submitting medical bill\)](#)

➡ Add Employee's Treatment Details

Employee Detail

Employee Name *

NIKHIL SHARMA (504)

Father/Husband Name *

ROKESH SHARMA

Posting Office *

CIVIL SURGEON SAS NAGAR

Service Group *

GROUP-C

Designation *

ASSISTANT

Gazetted *

Non-Gazetted

Patient Details

Claim In Respect Of *

☒ Self ☐ Family Member

Health Id

(Issued by MHWA)

Enter Health Id

Patient CR No /No.*

Enter Patient CR No / No.

Patient Details

Claim In Respect Of *

☐ Self ☒ Family Member

Family Member *

usha (MOTHER) ▼

****For any other family members, Please contact your establishment office.**

Health Id

(Issued by MHWA)

Enter Health Id

Patient CR No /No.*

Enter Patient CR No / No.

Only family member that are register in employee iHRMS service book will show

Treatment Details

Treatment Type* ☒ Indoor ☐ Outdoor

Treatment Jurisdiction*

Government Hospital

Hospital*

City Hospital

Help

Hospital Country*

INDIA

Hospital State*

PUNJAB

Doctor Name *

RAMAN

Disease *

infection

Treatment From *

01/04/2025

Hospital District*

CHANDIGARH(STATE C

Doctor MCI No.

12345

Treatment To *

03/04/2025

- Government Hospital
- Private Hospital (Within State)
- Private Hospital (Outside State)
- Outside Country

HOSPITAL LIST

Select Hospital:

--Select--

Search

☒ --Select--

☐ City Hospital

☐ Fortis Hospital

☐ Government medical College Sec 32

☐ Goyal

☐ Guru Nanak Hospital Chandigarh

Treatment Details

Treatment Type* ☒ Indoor ☐ Outdoor

Treatment Jurisdiction* Private Hospital (Outside State) ▼

Hospital* Other [Help](#)

Hospital Country* INDIA ▼

Hospital State* --Select State-- ▼

Doctor Name * ENTER DOCTOR NAME

Disease * Enter Disease Description

Treatment From * 

Hospital Name*

Hospital District* --Select-- ▼

Doctor MCI No.

Treatment To * 

In case treatment jurisdiction is private hospital(outside state) or outside Country then employee has to enter hospital name self

Treatment Details

Treatment Type*	☐ Indoor ☒ Outdoor	Diagnosis*	Chronic ▼ Chronic Dental Treatment Cancer Exempted Liver Exempted Kidney Exempted Select District ▼
Treatment Jurisdiction*	--Select-- ▼		
Hospital*	Select Hosp Help		
Hospital Country*	India ▼		
Hospital State*	HRMS DEMO STATI ▼	Hospital District*	Select District ▼
Doctor Name *	ENTER DOCTOR NAME	Doctor MCI No.	Enter Doctor MCI No.
Disease *	Enter Disease Descriptio		
Treatment From *	__/__/__	Treatment To *	__/__/__

The medical bill (Outdoor) process will apply only to employees who have uploaded their chronic disease certificate.

Claimed Detail

Insurance Claim

Advance Amount
Taken

 Save Patient Detail

 Reset

In case of an insurance claim, the employee must enter the insurance policy details. For medical advance cases, providing the advance letter number and date is mandatory. Please note that sanctioning of medical advance is not permitted at the DDO level

Claimed Detail

Insurance Claim

1000

Insurance Company

LIC



Policy No.

12351452145

Advance Amount
Taken

5000

Advance Letter
Number*

123

Advance
Letter Date*

01/03/2025



 Save Patient Detail

 Reset

Hospital  Help

Hospital Country*

Hospital State*

Doctor Name*

Disease*

Treatment From* 

Alert 

Patient Detail has been successfully saved. Case no is: 122. Kindly note down Case No. for future reference.

Claimed Detail

Insurance Claim

Insurance Company

Policy No.

Advance Amount Taken

 Save Patient Detail  Reset

Enter Bill Wise Detail Entry

Bill No.*

1

Bill Date*

01/04/2025



**GSTIN / PAN / TAN /
DL No.***

na

[Enter 00 In case of Government
Hospital]

Bill Document*

[Upload PDF only (max 5MB)]

Choose File No ...osen

Discount Type*

Discount on Overall Bill ▼

Bill Amount*

Enter Bill Amount.

Claim Amount*

Enter Bill Amount.

Vendor/Hospital*

NA

Discount on Overall Bill Amount

Discount on Item Wise Bill Amount

No Discount

Discount*

Enter Bill Discount Amount.

Continue to Fill Item Wise Bill Detail ►►

Enter bill details and click fill item wise
bill details

Filling Bill Details

Enter Bill Wise Detail Entry

Bill No.*
1

Bill Date*
01/04/2025

GSTIN / PAN / TAN / DL No.*
na
[Enter 00 In case of Government Hospital]

Vendor/Hospital*
NA

Bill Document*
[Upload PDF only (max 5MB)]
Choose File Billpdf

✔ Document ready for upload

Discount Type*
No Discount

Claim Amount*
5000

Continue to Fill Item Wise Bill Detail >>

Item Wise Bill Detail of Bill No : 1, Bill Date : 01/04/2025

S.N. ✕	From Date *	To Date *	Bill Group *	Category *	Sub Category*	Description*	Units*	Rate (Including Tax)*	Amount*
1 🗑			ALL ▾	ALL ▾	--Select-- ▾				
Net Amount									

+ Add Row

💾 Save Bill Detail

📄 Create New Bill

****It is best practice to save records after few records entry.**

Enter the details item-wise, and select the appropriate Bill Group, Category, and Subcategory. To add a new item to the bill, click on 'Add Row' and then save the bill details.

Item Wise Bill Detail of Bill No : 12, Bill Date : 01/04/2025

S.N. ✖	From Date *	To Date *	Bill Group *	Category *	Sub Category*	Description*	Units*	Rate (Including Tax)*	Amount*
1 🗑	01/04/2025	01/04/2025	PHARMAC ▼	Miscellane ▼	MEDICINE ▼	pharma1	1	2000	2000
2 🗑	01/04/2025	01/04/2025	CONSUMA ▼	Consumat ▼	AMNIOTIC ▼	cons1	1	1000	1000
3 🗑	01/04/2025	01/05/2025	MISCELLA ▼	Miscellane ▼	DIET ▼	mis	1	2000	2000
Net Amount									5000

+ Add Row

📄 Save Bill Detail

📄 Create New Bill

**It is best practice to save records after few records entry.

Bill Wise Reimbursement Details

#	Bill No.	Bill Date	Vendor Name GSTIN No.	Bill Wise Amount	Discount	Bill Wise Claim Amount	Item Wise Bill Amount	Bill Amount Difference	Action
1	12	01/04/2025	NA na	5000	0 No Discount	5000	5000	0.00	 Edit
2	22	01/04/2025	NA na	10000	0 No Discount	10000	10000	0.00	 Edit
			Total :	15000	0	15000	15000	0	
Final Claim Amount:				₹15,000 - ₹1,000 = ₹14,000 (Insurance Deducted: ₹1,000)					

1. If discount is given on overall bill then bill amount difference = Bill wise amount - item wise bill amount.
 2. If discount is given on item wise bill then bill amount difference = Bill wise claim amount - item wise bill amount.

[Print Undertaking](#) [View Essential Certificate](#)

[Upload Medical Document & Submit Bill >>](#)

Uploading/Submission of medical bill

My Services

GPF Services

PayRoll Services

Request for Service Book Updation

Employee DashBoard

Leave Services

Various Service Book Updations

ACR Services

Medical Bill - Personal

Medical Bill - Official

My Profile

Property Return Services

Fill Essential Certificate (Self)

Upload / Submit Medical Bill (Self)

Update Chronic Disease Certificate (Self)

Track Medical Bill (Self)

UPLOAD MEDICAL DOCUMENTS

Upload Medical Documents

Employee Name *

NIKHIL SHARMA (504)

Patient Detail *

--Select--

[Print Undertaking](#) [Essential Certificate](#)

Document Type*

--Select--

Upload Document*

Choose File No file chosen

Save Reset

--Select--

NIKHIL SHARMA (CASE NO - 120)

NIKHIL SHARMA (CASE NO - 122)

NIKHIL SHARMA (CASE NO - 46)

NIKHIL SHARMA (CASE NO - 57)

UPLOAD MEDICAL DOCUMENTS

Upload Medical Documents

Employee Name *

NIKHIL SHARMA (504)

Patient Detail *

NIKHIL SHARMA (CASE NO - 122)

[Print Undertaking](#)

[Essential Certificate](#)

Document Type*

--Select--

Upload Document*

Choose File No file chosen

Save

Reset

Discharge Summary

Essential Certificate

Supporting Document For Insurance

**** Please enter your bill details using Medical Reimbursement Form!**

#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	View
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	View

Showing 1 to 2 of 2 entries

Previous

1

Next

Essential Certificate

Essential Certificate

1 of 1Find | Next

MEDICAL REIMBURSEMENT CERTIFICATE

It is certified that Mr. NIKHIL SHARMA (504), ASSISTANT (Self) employed in the CIVIL SURGEON SAS NAGAR has been under my treatment at the CITY HOSPITAL CHANDIGARH(STATE CAPITAL) and that undermentioned medicines prescribed by me in this connection were absolutely essential for the treatment recovery / prevention of serious deliberation in the condition of patient.

- The medicines were not stocked in the CITY HOSPITAL for supply to entitled patients
- Certified that the medicines charged have no cheaper affective substitute.
- Period of treatment from 01/04/2025 to 03/04/2025
- Certified that the price claimed is reasonable.
- Certified that the medicines are not in the nature of tonics etc. that cost of which is not reimbursable under Government orders issued on the subject from time to time.
- Certified that the medicines prescribed are not in the list of non-reimbursable . medicine article's list as revised vide Punjab Government. letter No. 17104-S/159831/-CH-4-1HBI-56/7706, dt.25.Jan.57
- He was suffering from infection

Item Wise Bill Detail of Bill Number : 12, Bill Date : 01/04/2025			
Sr.No.	Category-SubCategory(Description)	Period	Claim Amount
1	Medicine/ Pharmacy/ Drugs(pharma1)	01/04/2025 - 01/04/2025	2,000.00
2	Amniotic Membrane Graft (AMG) at stem cell Facility(cons1)	01/04/2025 - 01/04/2025	1,000.00
3	Diet(mis)	01/04/2025 - 01/05/2025	2,000.00

Item Wise Bill Detail of Bill Number : 22, Bill Date : 01/04/2025			
Sr.No.	Category-SubCategory(Description)	Period	Claim Amount
1	ANIRIDIA IOL IOC(sur1)	01/05/2025 - 01/05/2025	10,000.00

Essential Certificate

1 of 1Find | Next

Bill Wise Reimbursement Details					
Bill Number	Bill Date	Vendor Name/ GSTIN No.	Bill Amount	Discount (Item Wise)	Claim Amount
12	01/04/2025	NA/ na	5000	0	5,000.00
22	01/04/2025	NA/ na	10000	0	10,000.00

A. Total Claim Amount: 15000
B. Insurance Claim: 1000.00
Final Claim Amount: 14000 (A-B)
Final Claim Amount In Word: Rs. Fourteen Thousand Only
Advance Sanctioned by Civil/DHS surgen vide letter no. ____ dated ____: ____

Signature and designation of the
Authorised Medical Attendant

- Certified that my Basic Pay is
- Certified that reimbursement for medical charges has been claimed for myself
- Certified that the medicines were purchased and consumed by the claimant.
- Certified that the medicines were purchased within the period of treatment.
- Certified that my husband/wife is not claiming the medical Reimbursable in respect of the above patient.

Signature of Claimant
(NIKHIL SHARMA (504))

iHrms by NUN PunjabPage 1 of 1Printed On 18/05/2025 02:00 PM

UPLOAD MEDICAL DOCUMENTS

Upload Medical Documents

Employee Name *

NIKHIL SHARMA (504)

Patient Detail *

NIKHIL SHARMA (CASE NO - 122)

[Print Undertaking](#)

[Essential Certificate](#)

Reset

#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	View
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	View
3	NIKHIL SHARMA (122)	Discharge Summary	discharge.pdf	View Delete
4	NIKHIL SHARMA (122)	Essential Certificate	Essential Certificate (5).pdf	View Delete
5	NIKHIL SHARMA (122)	Supporting Document For Insurance	insurance.pdf	View Delete

Showing 1 to 5 of 5 entries

Previous 1 Next

Submit Bill

View Uploaded Medical Documents

Submit Medical Bill

1 of 2 Find | Next

ਸਵੈ ਘੋਸ਼ਣਾ ਪੱਤਰ

ਮੈਂ NIKHIL SHARMA(504) ਪੁੱਤਰ ਪਤਨੀ ਸ੍ਰੀ ROKESH SHARMA ਵਾਸੀ kharar, CHANDIGARH(STATE CAPITAL) ਦਾਦੀ ਰਹਿਣ ਵਾਲਾ/ਵਾਲੀ ਹਾਂ ਅਤੇ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਘੋਸ਼ਣਾ ਕਰਦਾ/ਕਰਦੀ ਹਾਂ :-

1) ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਬਤੌਰ ASSISTANT ਵਿਭਾਗ ਵਿੱਚ ਮਿਤੀ 01/06/2021 ਤੋਂ ਕੰਮ ਕਰ ਰਿਹਾ ਹਾਂ ਅਤੇ ਇਸ ਸਮੇਂ CIVIL SURGEON SAS NAGAR ਵਿਖੇ ਸੇਵਾ ਨਿਭਾ ਰਿਹਾ ਹਾਂ।

2) ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਮੇਰਾ ਇਲਾਜ ਸਰਕਾਰੀ ਹਸਪਤਾਲ City Hospital, CHANDIGARH(STATE CAPITAL), PUNJAB, India ਤੋਂ ਮਿਤੀ 01/04/2025 ਤੋਂ ਮਿਤੀ 03/04/2025 ਤੱਕ ਇਨਡੋਰ ਰਹਿ ਕਰ ਕਰਵਾਇਆ ਹੈ। ਇਸ ਇਲਾਜ ਤੋਂ ਮੇਰਾ ਕੁੱਲ ਖਰਚਾ 15000 ਰੁਪਏ ਆਇਆ ਹੈ। ਜਿਸਦੇ ਬਿੱਲ ਨਾਲ ਨੱਥੀ ਹਨ।

3) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਹੈ ਅਤੇ ਉਸਦੀ ਜਨਮ ਮਿਤੀ/ਉਮਰ / ਉਮਰ ਹੈ।

4) ☒ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸਰਿਤ ਕਿਸੇ ਵੀ ਸਰਕਾਰੀ/ਅਰਧ ਸਰਕਾਰੀ/ਪ੍ਰਾਈਵੇਟ ਅਦਾਰੇ ਵਿੱਚ ਕੰਮ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਇਹ ਪੂਰੀ ਤਰ੍ਹਾਂ ਮੇਰੇ ਤੇ ਨਿਰਭਰ ਹੈ ਅਤੇ ਮੇਰੇ ਨਾਲ ਪੱਕੇ ਤੌਰ ਤੇ ਰਹਿ ਰਿਹਾ ਹੈ (ਸਬੂਤ ਨੱਥੀ)।

ਜਾਂ
X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਵਿਭਾਗ ਵਿੱਚ ਕੰਮ ਕਰਦਾ ਹੈ ਅਤੇ ਉਹ ਆਪਣੇ ਵਿਭਾਗ ਪਾਸੋਂ ਕਲੇਮ ਪ੍ਰਾਪਤ ਨਹੀਂ ਕਰ ਰਿਹਾ ਹੈ। ਜਿਸ ਸਬੰਧੀ ਉਸ ਵੱਲੋਂ ਦਿੱਤਾ ਗਿਆ ਘੋਸ਼ਣਾ ਪੱਤਰ ਅਤੇ ਵਿਭਾਗ ਦੇ ਡੀ.ਡੀ.ਚੋ ਵੱਲੋਂ ਜਾਰੀ ਐਨ.ਓ.ਸੀ (ਸਰਟੀਫਿਕੇਟ) ਦੀ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਹੈ।

5) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸਰਿਤ ਦੀ ਕਿਸੇ ਵੀ ਵਸੀਲੇ ਤੋਂ ਕੋਈ ਆਮਦਨ ਨਹੀਂ ਹੈ ਅਤੇ ਇੰਨਕਮ ਟੈਕਸ ਪੇਈ ਨਹੀਂ ਹੈ।

6) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਕਲੇਮ ਬਿੱਲ ਕਿਸੇ ਵੀ ਬੀਮਾ ਕੰਪਨੀ ਪਾਸੇ ਕਲੇਮ ਨਹੀਂ ਕੀਤਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਬੀਮਾ ਕਰਵਾਇਆ ਹੋਇਆ ਹੈ।

ਜਾਂ
☒ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਬਿੱਲ ਬੀਮਾ ਕੰਪਨੀ LIC ਤੋਂ ਕਲੇਮ ਕੀਤਾ ਹੈ ਅਤੇ ਬਾਕੀ ਦੀ ਰਹਿੰਦੀ ਰਕਮ ਦੀ ਅਦਾਇਗੀ ਲਈ

☒ I have read and agree to the above undertaking

Proceed with OTP Verification

Cancel

Upload Medical Document

#	Patient Name
1	NIKHIL SHARMA
2	NIKHIL SHARMA
3	NIKHIL SHARMA
4	NIKHIL SHARMA
5	NIKHIL SHARMA

Showing 1 to 5 of 5 entries

View Uploaded Medical Document

Submit Medical Bill

2) ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਇਲਾਜ ਸਰਕਾਰੀ ਹਸਪਤਾਲ City Hospital, CHANDIGARH(STATE CAPITAL), PUNJAB, India ਤੋਂ ਮਿਤੀ 01/04/2025 ਤੋਂ ਮਿਤੀ 03/04/2025 ਤੱਕ ਇਨਡੋਰ ਰਹਿ ਕਰ ਕਰਵਾਇਆ ਹੈ। ਇਸ ਇਲਾਜ ਤੇ ਮੇਰਾ ਕੁੱਲ ਖਰਚਾ 15000 ਰੁਪਏ ਆਇਆ ਹੈ। ਜਿਸਦੇ ਬਿੱਲ ਨਾਲ ਨੰਬਰ ਨਹੀਂ ਹਨ।

3) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਹੈ ਅਤੇ ਉਸਦੀ ਜਨਮ ਮਿਤੀ/ਉਮਰ / ਉਮਰ ਹੈ।

4) ☒ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸਰਿਤ ਕਿਸੇ ਵੀ ਸਰਕਾਰੀ/ਅਰਧ ਸਰਕਾਰੀ/ਪ੍ਰਾਈਵੇਟ ਅਦਾਰੇ ਵਿੱਚ ਕੰਮ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਇਹ ਪੂਰੀ ਤਰ੍ਹਾਂ ਮੇਰੇ ਤੇ ਨਿਰਭਰ ਹੈ ਅਤੇ ਮੇਰੇ ਨਾਲ ਪੱਕੇ ਤੌਰ ਤੇ ਰਹਿ ਰਿਹਾ ਹੈ (ਸਬੂਤ ਨੰਬਰ)।

☐ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਵਿਭਾਗ ਵਿੱਚ ਕੰਮ ਕਰਦਾ ਹੈ ਅਤੇ ਉਹ ਆਪਣੇ ਵਿਭਾਗ ਪਾਸੋਂ ਕਲੇਮ ਪ੍ਰਾਪਤ ਨਹੀਂ ਕਰ ਰਿਹਾ ਹੈ। ਜਿਸ ਸਬੰਧੀ ਉਸ ਵੱਲ ਦਿੱਤਾ ਗਿਆ ਘੋਸ਼ਣਾ ਪੱਤਰ ਅਤੇ ਵਿਭਾਗ ਦੇ ਡੀ.ਡੀ.ਓ ਵੱਲ ਜਾਰੀ ਐਨ.ਓ.ਸੀ (ਸਰਟੀਫਿਕੇਟ) ਦੀ ਕਾਪੀ ਨਾਲ ਨੰਬਰ ਹੈ।

5) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸਰਿਤ ਦੀ ਕਿਸੇ ਵੀ ਵਸੀਲੇ ਤੋਂ ਕੋਈ ਆਮਦਨ ਨਹੀਂ ਹੈ ਅਤੇ ਇੰਨਕਮ ਟੈਕਸ ਪੇਈ ਨਹੀਂ ਹੈ।

6) X ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਕਲੇਮ ਬਿੱਲ ਕਿਸੇ ਵੀ ਬੀਮਾ ਕੰਪਨੀ ਪਾਸੋਂ ਕਲੇਮ ਨਹੀਂ ਕੀਤਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਬੀਮਾ ਕਰਵਾਇਆ ਹੋਇਆ ਹੈ।

☒ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਬਿੱਲ ਬੀਮਾ ਕੰਪਨੀ LIC ਤੋਂ ਕਲੇਮ ਕੀਤਾ ਹੈ ਅਤੇ ਬਾਕੀ ਦੀ ਗਰੰਟੀ ਰਕਮ ਦੀ ਅਦਾਇਗੀ ਲਈ

☒ I have read and agree to the above undertaking

Proceed with OTP Verification

OTP has been sent to mobile number ending with XXXXXX3023

OTP ID:

3250

Enter 4-digit OTP:

Enter OTP here

Please enter the verification code sent to your mobile (OTP will expire in 10 minutes)

Resend OTP in 52 seconds

Verify & Submit

Back

Cancel

hrms.punjab.gov.in says

Data Submitted Successfully

OK

UPLOAD MEDICAL DOCUMENTS

Upload Medical Documents

Employee Name *

NIKHIL SHARMA (504)

Patient Detail *

NIKHIL SHARMA (CASE NO - 122) ▼

[Print Undertaking](#)

[Essential Certificate](#)

 Reset

**** Medical Reimbursement Bill has been successfully submitted.**

#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	
3	NIKHIL SHARMA (122)	Discharge Summary	discharge.pdf	
4	NIKHIL SHARMA (122)	Essential Certificate	Essential Certificate (5).pdf	
5	NIKHIL SHARMA (122)	Self Declaration Form	Undertaking_504_122.pdf	
6	NIKHIL SHARMA (122)	Supporting Document For Insurance	insurance.pdf	

Showing 1 to 6 of 6 entries

Previous

1

Next

 View Uploaded Medical Documents

Uploading chronic disease certificate

My Services	
GPF Services	
PayRoll Services	
Medical Bill - Personal	Fill Essential Certificate (Self)
Medical Bill - Official	Upload / Submit Medical Bill (Self)
My Profile	Update Chronic Disease Certificate (Self)
Property Return Services	Track Medical Bill (Self)

CHRONIC DISEASE CERTIFICATE UPLODING

Add Chronic Disease Details

iHRMS Code *

505

Employee Name *

GYANESH KUMAR

Designation *

BILL CLERK

Posting Office *

CIVIL SURGEON SAS NAGAR

Select Hospital

Select Hospital

Help

Hospital Country *

India

Hospital State *

HRMS DEMO STATE

Hospital District *

AMRITSAR

Certificate Of Patient *

GYANESH KUMAR (SELF)

Certificate Number *

12

Issued Date *

01/05/2025

Issuing Authority *

DHS

Disease *

Chronic pelvic infection

Valid From *

01/05/2025

Valid Upto *

01/05/2030

Certificate (PDF 500 KB Max) *

Choose File

No file chosen

Save

Reset

Process Medical Bill From Staff Level

My Services	
GPF Services	
Medical Bill - Official	Processed Medical Bill
My Profile	Process Medical Bill
Property Return Services	Process Medical Bill
Bank A/C Updation	Track Medical Bill (Others)

MEDICAL BILL PROCESSING							
View Medical Bill							
Patient List							
#	Employee Detail	Patient Detail	Treatment Jurisdiction	Hospital Detail	Treatment Period	Receiving Date	Action
1	GYANESH KUMAR (505)	Self (35)	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	05/10/2023-06/10/2023 Indoor	04/12/2024 4:25PM	View
2	GYANESH KUMAR (505)	Self (62)	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/01/2025-15/01/2025 Indoor	16/01/2025 10:42AM	View
3	GYANESH KUMAR (505)	Self (89)	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/02/2025-03/02/2025 Indoor	09/04/2025 9:13AM	View
4	NIKHIL SHARMA (504)	Self (122)	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/04/2025-03/04/2025 Indoor	18/05/2025 2:03PM	View

MEDICAL BILL PROCESSING

View Medical Bill

Medical Bill Information of -NIKHIL SHARMA (504)

Employee Detail With Medical Information

Case Number :	122	Patient CR NO :	112112
Employee Name :	NIKHIL SHARMA (504)	Designation :	ASSISTANT
Service Group :	GROUP-C	Departmental Code / Belt No :	--
Patient Detail :	Self	Hospital Detail :	City Hospital CHANDIGARH(STATE CAPITAL) , PUNJAB
Treatment Period :	01/04/2025 - 03/04/2025	Doctor Name :	raman
Treatment Jurisdiction :	Government Hospital	Treatment Type :	Indoor
Disease :	infection		
Posting Detail :	CIVIL SURGEON SAS NAGAR , HEALTH AND FAMILY WELFARE DEMO		
Establishment Detail :	CIVIL SURGEON SAS NAGAR , HEALTH AND FAMILY WELFARE DEMO		
DDO & Treasury Detail :	District Treasury 0116 & Chandigarh CHD00		
Bill Amount :	₹15000		
Total Discount :	₹0		
Claim Amount :	₹15000		
Insurance Detail :	 Insurance provided by LIC  Policy Number: 12351452145  Claimed Insurance Amount: ₹1000		
Advance Amount :	₹0		
Final Claim Amount :	₹14,000.00 (Claim Amount - Insurance Amount)		

Noting Hierarchy

+ Note# 1 Employee :

18/05/2025 2:03PM

NIKHIL SHARMA
ASSISTANT

Bill Document

View Uploaded Document

Display PDF on ☐ New Window Tab ☒ Same Page

Discharge Summary

Essential Certificate

Self Declaration Form

Supporting Document For Insurance

Discharge summary

Bill Summary

[View Hospital Rates](#)

S.N.	Bill No ☐ (Select All Bill)	Bill Date	Vendor Name GSTIN No. Bill Type	Bill Amount	Discount	Net Amount	Admissible Amount	Reimbursable Amount	Action
1	☐ 12	01/04/2025	NA na CONSUMABLE, MISCELLANEOUS, PHARMACY	5000	0	5000	5000	5000	View
2	☐ 22	01/04/2025	NA na Surgery	10000	0	10000	8990	8990	View
Total :				15000	0	15000	13990	13990	

Click to view bill details

Item Wise Bill Detail of Bill No : 22 , Bill Date : 01/04/2025 , Vendor Name : NA (na)

Bill No.*

22

Bill Date*

01/04/2025

GSTIN No.*

na

Vendor Name*

NA

Claim Amount*

10000

#	From Date*	To Date*	Bill Group *	Category *	Sub Category*	Desc.	Units*	Rate (Inc.Tax)*	Amount*	Govt. Rate	Admissible Amount	x
1	01/05/2025	01/05/2025	Surgery ▼	IOL SURG ▼	ANIRIDIA ▼	sur1	1	10000	10000	8990	8990	
Total Amount									10000			
Total Admissible Amount									8990			
Total Reimbursable Amount									8990			

Sanction Order

1 of 1 Find | Next

CIVIL SURGEON SAS NAGAR OFFICE ORDER

Case Number : 122

Dated : 18/05/2025

In pursuance of the Policy Instructions issued by the Punjab Government Memo No. 2/195/94/5HB5/5241-54 dated 13.02.1995 and Memo No. 12/53/2000/5HB5A/2119 dated 23.01.2002 and power vested vide Govt. letter No. 12/53/2002-5HB5/115-18 dated 23.01.2002 and Letter No. 5HB5/1210, dated 24-08-2010, on the basis of recommendation of the District Medical Board meeting held in your office, Ex-post facto sanction and Financial Sanction of the Director, Health & Family Welfare, Punjab is hereby accorded for reimbursement of medical expenses for taking treatment by

Name	NIKHIL SHARMA (504)
Designation	ASSISTANT
Disease	infection
Treatment	Self (indoor)
Hospital	City Hospital, CHANDIGARH(STATE CAPITAL) ,PUNJAB
Period	01/04/2025 to 03/04/2025
Claimed Amount	15000 (Insurance amount included: 1000.00)
Admissible Amount	13990.00
Advance Sanctioned by Civil/DHS surgen vide letter no. ____ dated ____	0.00

Noting:

kindly check

Save as Draft

Forward With in Branch / Office

Send Back

Reset

hrms.punjab.gov.in says

Bill forwarded to DA for further processing.

OK

Process to Change Pharmacy Bill at DA Level

Bill Summary

View Hospital Rates

S.N.	Bill No ☐ (Select All Bill)	Bill Date	Vendor Name GSTIN No. Bill Type	Bill Amount	Discount	Net Amount	Admissible Amount	Reimbursable Amount	Action
1	☐ 12	01/04/2025	NA na CONSUMABLE, MISCELLANEOUS, PHARMACY	5000	0	5000	5000	5000	View
2	☐ 22	01/04/2025	NA na Surgery	10000	0	10000	8990	8990	View
Total :				15000	0	15000	13990	13990	

Item Wise Bill Detail of Bill No : 12 , Bill Date : 01/04/2025 , Vendor Name : NA (na)

Bill No.***Bill Date***

GSTIN No.***Vendor Name***

Claim Amount*

#	From Date*	To Date*	Bill Group *	Category *	Sub Category*	Desc.	Units*	Rate (Inc.Tax)*	Amount*	Govt. Rate	Admissible Amount	x
1	01/04/2025	01/04/2025	PHARMACY ▾	Miscellaneo ▾	MEDICINE/ ▾	pharm	1	2000	2000	2000	2000	View History
2	01/04/2025	01/04/2025	CONSUMAE ▾	Consumabl ▾	AMNIOTIC ▾	cons1	1	1000	1000	1000	1000	
3	01/04/2025	01/05/2025	MISCELLAN ▾	Miscellaneo ▾	DIET ▾	mis	1	2000	2000	2000	2000	
Total Amount									5000			
Total Admissible Amount									5000			
Total Reimbursable Amount									5000			

Click to edit

Update Medical Bill - Pharmacy Detail

Item Wise Bill Detail of Bill No : 12 , Bill Date : 01/04/2025 , Vendor Name : NA (na)

Employee Claimed Amount: ₹2000.00

Current Amount: ₹2000

From Date :*

01/04/2025

To Date :*

01/04/2025

Bill Group :*

PHARMACY

Category :*

Miscellaneous Category

Sub Category :*

MEDICINE/ PHARMACY/ DR

Description:*

pharma1

Amount :*

2000

Discount :*

0

Admissible :*

2000

Update Medical Bill - Pharmacy Detail

Alert

Pharmacy Bill Record Updated Successfully.

Ok

Pharmacy bills can only be edited at the Dealing Assistant (DA) level during the bill processing flow.

Item Wise Bill Detail of Bill No : 12 , Bill Date : 01/04/2025 , Vendor Name : NA (na)

Bill No.*

12

Bill Date*

01/04/2025

GSTIN No.*

na

Vendor Name*

NA

Claim Amount*

5000

#	From Date*	To Date*	Bill Group *	Category *	Sub Category*	Desc.	Units*	Rate (Inc.Tax)*	Amount*	Govt. Rate	Admissible Amount	✕
1	01/04/2025	01/04/2025	PHARMACY ▼	Miscellaneo ▼	MEDICINE/ ▼	pharm	1	1500	1500	1500	1500	🗑️ 🔗 ➡ View History
2	01/04/2025	01/04/2025	CONSUMAE ▼	Consumabl ▼	AMNIOTIC ▼	cons1	1	1000	1000	1000	1000	🗑️
3	01/04/2025	01/05/2025	MISCELLAN ▼	Miscellaneo ▼	DIET ▼	mis	1	2000	2000	2000	2000	🗑️
Total Amount									4500			
Total Admissible Amount									4500			
Total Reimbursable Amount									4500			

click To view history

History of change in pharmacy bill

Pharmacy Bill Update History							
Pharmacy Bill Update History							
 Employee Claim Amount: 2000				 Showing update history records for this pharmacy bill			
				Search:		Show	
						10	▼
						entries	
Previous Amount	Previous Discount	Previous Net Amount	New Amount	New Discount	New Net Amount	Updated By	Updated Date
2000	0	2000	1500	0	1500	SEBI KAUR(512)	18/05/2025 14:14:46
Showing 1 to 1 of 1 entries				Previous		1	Next

Noting:

next level



 Save as Draft

Forward With in Branch / Office ►►

◄◄ Send Back

 Reset

Select Approving Authority

LOVEDEEP SINGH(514) ▼

 Submit Bill

 Reset

In cases where multiple employees hold the same level of authority, the sender can manually select which individual to forward the file to at the next level.

Send Back Medical Bill

Send Back Medical Bill

Reason: --Select--

Noting: Write Your Noting....

Send Back to Concern: Employee:GYANESH KUMAR (505)

Send Back Medical Bill

Save as Draft **Forward With in Branch / Office** **Send Back**

Please select the level to which the case needs to be returned.

Click to send back to previous authority

Attested photocopies of the Chronic Certificate may be sent and Chronic Certificate may be obtained for the period of bills of out-door treatment has been claimed.

Essentiality Certificate is not signed by the claimant or not signed by the authorized Medical Attendant of the concerned Hospital.

Head of account and availability of funds may be intimated.

Legible Photocopies of the claim / bills should be sent.

Medical bill for outdoor treatment will only be reimbursement if it falls within the validity period of Chronic Disease Certificate.

Original bill may be supplied to this office.

Other

Photocopy of the Discharge summary should be supplied indicating date of Admission and date of Discharge.

Process Of Approving And Esign Sanction

Sanction Order

1 of 1

Find | Next

Advance Sanctioned by Civil/DHS surgeon vide letter no. ____ dated ____	0.00
Insurance Claim	1000.00
Payable Amount	12490.00/-
Payable Amount (In Words)	Rs. Twelve Thousand Four Hundred Ninty Only

Sanction is hereby accorded after vetted by SAS Cadre officer, who is posted in your office.

The expenditure involved will be met out from the grant under head:

2054	TREASURY & ACCOUNTS ADMINISTRATION
00	
097	TREASURY ESTABLISHMENT
00	

Dated: 18/05/2025 Financial Year: 2025-26 Signature of Sanction Authority

Endst. No: HAF/CHD0000003/122

A copy is forwarded to the following for information and necessary action:-

1. GMSH demo
- 2.

Approve & eSIGN Sanction Order

Noting



View and e-Sign Document

CIVIL SURGEON SAS NAGAR
OFFICE ORDER

Case Number : 122

Dated: 18/05/2025

In pursuance of the Policy Instructions issued by the Punjab Government Memo No. 2/195/94/SHB5/5241-54 dated 13.02.1995 and Memo No. 12/53/2000/SHB5A/2119 dated 23.01.2002 and power vested vide Govt. letter No. 12/53/2002-SHB5/115-18 dated 23.01.2002 and Letter No. SHB5/1210, dated 24-06-2010, on the basis of recommendation of the District Medical Board meeting held in your office, Ex-post facto sanction and Financial Sanction of the Director, Health & Family Welfare, Punjab is hereby accorded for reimbursement of medical expenses for taking treatment by

Name	NIKHIL SHARMA (504)
Designation	ASSISTANT
Disease	Infection
Treatment	Self (Indoor)
Hospital	City Hospital, CHANDIGARH(STATE CAPITAL) ,PUNJAB
Period	01/04/2025 to 03/04/2025
Claimed Amount	15000 (Insurance amount included: 1000.00)
Admissible Amount	13490.00
Advance Sanctioned by Civil/DHS surgeon	0.00

Consent for Authentication
iHRMS Punjab

☒ Please check the box to provide your consent to the below option. I hereby give my consent for using my identity and address data received from e-KYC provider to generate and submit the electronic DSC application form to CA, creation of key pairs by ESP on my behalf, submission of certificate to CA for certification, one time creation of signature on the hash along with this request, deletion of key pairs after applying signature(s). I have no objection in the use of my ID for authenticating myself with Aadhaar based authentication system for the purposes of availing of the iHRMS Punjab. I understand that the Biometrics and/or OTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system, for obtaining my e-KYC through Aadhaar e-KYC service and for the issuance of Digital Signature Certificate (DSC) for this specific transaction and for no other purposes. For the creation of DSC, I understand that the options that I have chosen are the ones that shall be populated in the DSC generated by the CA and I provide my consent for the same. I also understand that the following fields in the DSC generated by the CA are mandatory and I give my consent for using the Aadhaar provided e-KYC information to populate the corresponding fields in the DSC.

- Common Name (name as obtained from e-KYC)
- Unique Identifier (UID Token)
- Pseudonym (unique code sent by UIDAI in e-KYC response)
- State or Province (state as obtained from e-KYC)
- Postal Code (postal code as obtained from e-KYC)

I understand that iHRMS Punjab shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication.

Submit

You are currently using C-DAC eSign Service and have been redirected from null



CDAC's e-Sign Service

View Document Information

☐ Aadhaar Number ☐ Virtual ID ☒ UID Token

[Get Virtual ID](#)

☐ Aadhaar TOTP ☒ Aadhaar OTP

[How to generate TOTP?](#)

Get OTP

Cancel

Enter the Aadhaar number of the approving authority, generate the OTP, and then enter the received OTP to proceed.

You are currently using C-DAC eSign Service and have been redirected from null



CDAC's e-Sign Service

View Document Information

☐ Aadhaar Number ☐ Virtual ID ☒ UID Token

[Get Virtual ID](#)



☐ Aadhaar TOTP ☒ Aadhaar OTP

[How to generate TOTP?](#)



☒ I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number/VID/UID Token and One Time Pin (OTP)/Time-based One Time Password (TOTP) data for Aadhaar based authentication. I understand that the OTP/TOTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system and for obtaining my e-KYC through Aadhaar e-KYC service only for the purpose of esigning.

[▶ Listen to Consent](#)

English ▼

OTP has been sent to mobile number <*****3023>

[Submit](#)

[Cancel](#)

[Not Received OTP? Resend OTP](#)

Kindly click "Resend OTP" link after 43 seconds....

Sanctions That Are Approved

APPROVED MEDICAL BILL							
View Medical Bill							
Patient List							
#	Employee Detail	Patient Detail	Treatment Jurisdiction	Hospital Detail	Treatment Period	Treatment Type	Action
1	NIKHIL SHARMA (504)	Self	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	11/01/2024-11/03/2024	Indoor	View
2	NIKHIL SHARMA (504)	Self	Government Hospital	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	04/01/2025-04/03/2025	Indoor	View

+

Whats New

Sanction
At DDO
Level

**CIVIL SURGEON SAS NAGAR
OFFICE ORDER**

Case Number : 57

Dated: 04/12/2024

Sanction is hereby accorded under the Punjab Services Medical Attendance Rules 1940, amended from time to time to the re-imbursement of medical claim in favour of

Employee Name	NIKHIL SHARMA (504)
Designation	ASSISTANT
Patient Name	Self (indoor)
Disease	demo
Treatment From	City Hospital, CHANDIGARH(STATE CAPITAL) PUNJAB
Treatment Period	01/11/2024 to 03/11/2024
Sanctioned Amount	6700.00/-
Sanctioned Amount (in Word)	Rs. Six Thousand Seven Hundred Only

The authorized medical attendant has certified that medical services considered absolutely necessary / Essential and for which no cheaper substitutes were available for the treatment of the patient and these are reimbursable.

The expenditure involved will be met out from the account under head:-

2054	TREASURY & ACCOUNTS ADMINISTRATION
00	
097	TREASURY ESTABLISHMENT
00	

Dated: 04/12/2024

Signature of Sanction Authority

Endst. No: HAF/CHD0000003

A copy is forwarded to the following for information and necessary action:-

- 1.
2. The Accountant General (Accounts) Punjab, Chandigarh
3. The Accountant General (Audit) Punjab, Chandigarh
4. NIKHIL SHARMA (504), ASSISTANT
5. The Bill Clerk

Signature Not Verified

Digitally Signed by LOVEDEEP SINGH(514)
Date: 04-12-2024 16:36:17



Submit Case to CS Office

In case DDO is not the approving authority then case will be submitted to next level that civil surgeon level

18/05/2025 4:11PM

+ Note# 3

DA

demo

18/05/2025 4:11PM

SEBI KAUR
AC MECHANIC

Bill Document

View Uploaded Document

Display PDF on ☒ New Window Tab ☐ Same Page

Discharge Summary

Essential Certificate

Self Declaration Form

Certificate For Foreign Treatment

Bill Summary

View Hospital Rates

S.N.	Bill No ☒ (Select All Bill)	Bill Date	Vendor Name GSTIN No. Bill Type	Bill Amount	Discount	Net Amount	Admissible Amount	Reimbursable Amount	Action
1	☒ 1	01/05/2025	NA na Surgery	100000	0	100000	11600	11600	View
Total :				100000	0	100000	11600	11600	

Noting:

Write Your Noting....

Save as Draft

Submit to Civil Surgeon Office

Send Back

Reset

Submit Case to DHS Office (Chandigarh/HQ employee)

Bill Document

View Uploaded Document

Display PDF on ☒ New Window Tab ☐ Same Page

Discharge Summary

Essential Certificate

Self Declaration Form

Certificate For Foreign Treatment

Bill Summary

[View Hospital Rates](#)

S.N.	Bill No ☐ (Select All Bill)	Bill Date	Vendor Name GSTIN No. Bill Type	Bill Amount	Discount	Net Amount	Admissible Amount	Reimbursable Amount	Action
1	☐ 1	01/05/2025	NA na Surgery	100000	0	100000	11600	11600	View
Total :				100000	0	100000	11600	11600	

Noting:

Write Your Noting....

[Save as Draft](#) [Submit to DHS Office](#) [Send Back](#) [Reset](#)

If the case is of Chandigarh employee or employee of head office of Chandigarh and SAS Nagar and DDO is not the approving authority then case will be submitted to next level that DHS level (as there is no CS for Chandigarh)

Tracking of medical Bill

My Services	
GPF Services	
Medical Bill - Personal	
Medical Bill - Official	Fill Essential Certificate (Others)
My Profile	Upload / Submit Medical Bill (Others)
Property Return Services	Processed Medical Bill
Bank A/C Updation	Process Medical Bill
Pension Services	Track Medical Bill (Others)

My Services	
GPF Services	
Medical Bill - Personal	Fill Essential Certificate (Self)
Medical Bill - Official	Upload / Submit Medical Bill (Self)
My Profile	Update Chronic Disease Certificate (Self)
Property Return Services	Track Medical Bill (Self)

TRACKING OF MEDICAL BILL

Patient List								
#	Employee Name Designation	Patient Name Case No.	Posting Office	Hospital Name Treatment Jurisdiction	Bill Amount	Diagnosis Treatment Type	Treatment Period	Action
1	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [121]	CIVIL SURGEON SAS NAGAR	Max Hospital [Private Hospital (Within State)]	175000	Indoor	07/04/2025- 10/04/2025	 
2	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [119]	CIVIL SURGEON SAS NAGAR	amar hos [Private Hospital (Within State)]	34000	Indoor	01/04/2025- 02/04/2025	  
3	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [99]	CIVIL SURGEON SAS NAGAR	City Hospital [Government Hospital]	45000	Indoor	01/01/2025- 31/01/2025	 
4	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [89]	CIVIL SURGEON SAS NAGAR	City Hospital [Government Hospital]	8500	Indoor	01/02/2025- 03/02/2025	 
5	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [62]	CIVIL SURGEON SAS NAGAR	City Hospital [Government Hospital]	8000	Indoor	01/01/2025- 15/01/2025	 

Track Medical Bill



Sr.No.	Movement	Sender	Receiver	Next Case Level	Action Date	Action Taken (In Days)
1	Employee	GYANESH KUMAR (505)	NIKHIL SHARMA (504)	Medical Branch	22/04/2025 12:09PM	0
2	Medical Branch	NIKHIL SHARMA (504)	SEBI KAUR (512)	DA	22/04/2025 1:12PM	0
3	DA	SEBI KAUR (512)	GYANESH KUMAR (505)	Employee	28/04/2025 10:30AM	6
4	Employee	GYANESH KUMAR (505)	NIKHIL SHARMA (504)	Medical Branch	28/04/2025 12:49PM	0
5	Medical Branch	NIKHIL SHARMA (504)	SEBI KAUR (512)	DA	28/04/2025 12:50PM	0
6	DA	SEBI KAUR (512)	GYANESH KUMAR (505)	Employee	28/04/2025 1:12PM	0
7	Employee	GYANESH KUMAR (505)	NIKHIL SHARMA (504)	Medical Branch	28/04/2025 3:46PM	0
8	Medical Branch	NIKHIL SHARMA (504)	SEBI KAUR (512)	DA	28/04/2025 4:09PM	0
9	DA	SEBI KAUR (512)	GYANESH KUMAR (505)	Employee	14/05/2025 5:41PM	16
10	Employee	GYANESH KUMAR (505)	--			4

Shift medical case (From Medical branch)

Medical Pension Management MIS Repor

Staff In Medical Branch

Medical Bill Flow

Shift / Move Medical Case

Shifting Medical Case

Medical Cases List

Medical Bill Pending With --Select--

--Select--

- Chief Pharmacist
- Civil Surgen
- Civil Surgeon Office
- DA
- DA (DHS)
- DA(CS)
- DD (DHS)
- DDO
- DHS
- DHS Office
- Employee
- Finance Wing (Civil Surgeon Office)
- Finance Wing (DHS Office)
- Medical Board (DHS)
- Medical Board(CS)
- Medical Branch
- MO (DHS)
- Sanctioning Authority
- Superintendent
- Superintendent (DHS)
- Superintendent(CS)
- Supt.(DHS For Approval)

Shifting Medical Case

Medical Cases List

Medical Bill Pending With

DA

Transfer From *

MUNISH KUMAR

Search

Search: Show 10 entries

#	Employee Name(Code)	Patient Detail	Treatment Jurisdiction Bill Amount	Hospital Detail	Treatment Period	Received Date	Action
1	Harmesh Singh (369)	Self (68)	Government Hospital 18000	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/01/2025-07/01/2025	25/02/2025	☒
2	PAWAN KUMAR (369)	Self (68)	Government Hospital 18000	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/01/2025-07/01/2025	25/02/2025	☐
3	Gurjant Singh (366)	Self (82)	Government Hospital 7000	Fortis Hospital LUDHIANA, PUNJAB	01/04/2025-02/04/2025	03/04/2025	☐
4	Indu Bhardwaj (366)	Self (82)	Government Hospital 7000	Fortis Hospital LUDHIANA, PUNJAB	01/04/2025-02/04/2025	03/04/2025	☐
5	Harmesh Singh (369)	Self (97)	Government Hospital 21500	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/04/2023-02/04/2023	15/04/2025	☐
6	PAWAN KUMAR (369)	Self (97)	Government Hospital 21500	City Hospital CHANDIGARH(STATE CAPITAL), PUNJAB	01/04/2023-02/04/2023	15/04/2025	☐
7	Harmesh Singh (369)	Self (96)	Private Hospital (Within State) 1750	Max Hospital S.A.S NAGAR, PUNJAB	01/04/2025-15/04/2025	28/04/2025	☐
8	PAWAN KUMAR (369)	Self (96)	Private Hospital (Within State) 1750	Max Hospital S.A.S NAGAR, PUNJAB	01/04/2025-15/04/2025	28/04/2025	☐

Showing 1 to 8 of 8 entries

Previous 1 Next

Transfer To

Indu Bhardwaj

Update



Civil Surgeon Office

Creation of Medical Branch at CS Level

MEDICAL BRANCHES

+ Add Medical Branch

Department	HEALTH AND FAMILY WELFARE DEMO
District	S.A.S NAGAR
Office	CIVIL SURGEON SAS NAGAR
Branch Name*	Medical Branch - CIVIL SURGEON SAS NAGAR
Head Of Branch*	Enter Head Of Branch Name Help
Charge Taken On*	Calendar
Branch Level*	CS

Sanction Authority Office

Current Posting Dept.*	--Select--
Office State*	HRMS DEMO STATE
Office District*	--Select--
Office Level*	
Posting Office*	

+ View Medical Branches

CS will show for offices at civil surgeon level

Medical Bill Flow at CS Level

MEDICAL BILL FLOW

Create Medical Bill Flow

Treatment Type *

--Select--

--Select--

Government Hospital - Civil Surgeon Level , Bill Limit : 25001 - 100000

Government Hospital - Civil Surgeon Level , Bill Limit : 100001 - 999999999

Private Hospital (Within State) - Civil Surgeon Level , Bill Limit : 0 - 50000

Private Hospital (Within State) - Civil Surgeon Level , Bill Limit : 50001 - 999999999

Outside Country - Civil Surgeon Level , Bill Limit : 0 - 999999999

Private Hospital (Outside State) - Civil Surgeon Level , Bill Limit : 0 - 999999999

View & Edit Medical Bill Flow

MEDICAL BILL FLOW

Create Medical Bill Flow

Treatment Type *

Private Hospital (Within State) - Civil Surgeon Level , Bill Limit : 0 - 50000

Search Detail

Bill Flow Description *	Bill Flow Level *	Is OTP Required *	Action
Employee	10	Yes	
Civil Surgeon Office	20	No	
DA(CS)	30	No	
Medical Board(CS)	40	No	
Civil Surgen	50	No	<button>ADD</button> <button>Delete</button>

Update

Reset

Civil Surgeon is approving
authority at CS Level

Employee

Civil Surgeon Office

Medical Board(CS)

Civil Surgen

DA(CS)

Superintendent(CS)

Finance Wing (Civil Surgeon Office)

MEDICAL BILL FLOW

+ Create Medical Bill Flow

• View & Edit Medical Bill Flow

View & Edit Medical Bill Flow

Search:

EXCEL

PDF

CSV

PRINT

Show

10



entries

Sr.No.	Bill Flow Type	Jurisdiction Type	Bill Start Limit	Bill End Limit	Total Level	Action
1	Civil Surgeon	Private Hospital (Within State)	0	50000	5	Edit Delete
2	Civil Surgeon	Private Hospital (Within State)	50001	999999999	5	Edit Delete

Showing 1 to 2 of 2 entries

Previous

1

Next

Staff in Medical Branch CS Level

Medical Pension Management MIS Repo
Hospital Master

Staff In Medical Branch

Medical Bill Flow

Creation Of Medical Board

Shift / Move Medical Case

District wise Distribution

MEDICAL BRANCH - MEMBER MASTER

Add Medical Branch Member

Department*

HEALTH AND FAMILY WELFARE DEMO

District*

S.A.S NAGAR

Office*

CIVIL SURGEON SAS NAGAR

Branch Name*

Medical Branch - CIVIL SURGEON SAS NAGAR

Member Type*

-Select-

Member Detail*

Enter Member Detail

Help

Charge Taken On*

Save

Reset

Civil Surgen

DA(CS)

Superintendent(CS)

Finance Wing (Civil Surgeon Office)

View Medical Branch - Member List

Creation of Medical Board at CS Level

Medical

Pension Management

MIS Rep

Hospital Master

Staff In Medical Branch

Medical Bill Flow

Creation Of Medical Board

MEDICAL BOARD COMMITTEE

Create Medical Board

Medical Board Type

District Level Board

#	Member*	Designation Posting Office	Member Since*	Member Type*	Action
1	Search Member Name Help		//	General	Delete
2	Search Member Name Help		//	General	Delete
3	Search Member Name Help		//	General	Delete
4	Search Member Name Help		//	General	Delete

Save

Reset

General

Dental Care

Entry Of Hospitals At CS level

Medical Pension Management MIS Rep

Hospital Master

Staff In Medical Branch

Medical Bill Flow

Creation Of Medical Board

HOSPITAL MASTER

Add / Update Hospital's Details

Hospital Name*

Enter Hospital Name

Hospital Registration ID*

Enter Registration Id

Hospital Category*

--Select--

State*

HRMS DEMO STATE

District*

S.A.S NAGAR

Contact No.

Enter Contact Number

Email-ID

e.g. test@gmail.com

Phone No.

Enter Phone No

Address

Enter Hospital Address

Save

Reset

View Hospitals List

Search:

EXCEL

PDF

CSV

PRINT

Show

10

entries

#	Hospital	Registration Id	Hospital Ownership	District/State	Contact No.	Email	Action
1	AIMS	AS-88	Others	S.A.S NAGAR HRMS DEMO STATE	8956238869	aims@gmail.com	
2	amar hos	123343	Others	S.A.S NAGAR HRMS DEMO STATE	8765432189	demo@gmail.com	

Submit Case to DHS Office

In case civil surgeon is not the approving authority then case will be submitted to next level that DHS office

Bill Document

View Uploaded Document

Display PDF on ☒ New Window Tab ☐ Same Page

Discharge Summary

Essential Certificate

Self Declaration Form

Certificate For Foreign Treatment

Bill Summary [View Hospital Rates](#)

S.N.	Bill No ☐ (Select All Bill)	Bill Date	Vendor Name GSTIN No. Bill Type	Bill Amount	Discount	Net Amount	Admissible Amount	Reimbursable Amount	Action
1	☐ 1	01/05/2025	NA na Surgery	100000	0	100000	11600	11600	View
Total :				100000	0	100000	11600	11600	

Noting:
Write Your Noting....

Save as Draft

Submit to DHS Office

Send Back

Reset

Sanction At civil
Surgeon Level

GOVT. OF PUNJAB
DIRECTORATE OF HEALTH & FAMILY WELFARE
PARIWAR KALYAN BHAWAN, PLOT-5 SECTOR-34-A, CHANDIGARH
(PMH BRANCH)

To,

GMSH demo
chandigarh
CIVIL SURGEON SAS NAGAR
HEALTH AND FAMILY WELFARE DEMO

Registered No.Medical (2)-Pb-022/HAF/CHB/00003/
Dated: 16/05/2025 Chandigarh

Subject :- Verification of rates and Ex-post Facto sanction for taking treatment in Respect
of himSelf of Sh.GYANESH KUMAR (505)

In Reference to your case no 119 submitted online on 14/05/2025 the subject
noted above vide circular No.12/193-5H5/5251-54 dated 02.1990/12/69/98-5hb5/21329 dated
01.09.2000, 12/23/03-5hb5/3883 dated 01.3.2000/22/2000-5HB5/21950 dated 10.09.2007 and
21/47/2009-5HB5/1210 dated 24.06.2010, Sanction/Verification of rates and ex-post facto sanction
by the Civil Surgeon S.A.S NAGAR in accordance with **AIIMS New Delhi Govt. Rates** is as:

PatientName	GYANESH KUMAR (505)
Name	Sh. GYANESH KUMAR (505)
Designation	CLERK
Treatment Period	17/05/2025 to 02/04/2025
Treatment from	Amarnagar S.A.S NAGAR
Sanctioned Amount	26200
In Words.	Rs. Twenty Six Thousand Three Hundred Only

Date :16/05/2025

Signature of Sanction Authority

Signature Not Verified

Digitally Signed by PAWAN KUMAR(503)
Date: 16-05-2025 11:07:51
Printed On 16/05/2025 11:00 AM



DHS Office

Creation of Medical Branch at DHS Level

MEDICAL BRANCHES

Add Medical Branch

Department

HEALTH AND FAMILY WELFARE DEMO

District

CHANDIGARH(STATE CAPITAL)

Office

HFW MAIN OFFICE 1

Branch Name*

Medical Branch - HFW MAIN OFFICE 1

Head Of Branch*

Enter Head Of Branch Name

Help

Charge Taken On*

Branch Level*

DHS

Sanction Authority Office

Current Posting Dept.*

--Select--

Office State*

HRMS DEMO STATE

Office District*

--Select--

Office Level*

Posting Office*

DHS will show for Head Office

Medical bill flow for DHS Office

Medical

My Services

Hospital Master

Staff In Medical Branch

Medical Bill Flow

Set Medical Case Priority

Creation Of Medical Board

Shift / Move Medical Case

MEDICAL BILL FLOW

Medical Bill Flow

Patient Type

--Select--

--Select--

Government Hospital - DHS Level , Bill Limit : 100001 - 999999999

Government Hospital - DHS Level , Bill Limit : 25001 - 999999999 - (For Chandigarh Employee)

Private Hospital (Within State) - DHS Level , Bill Limit : 50001 - 999999999

Private Hospital (Within State) - DHS Level , Bill Limit : 0 - 999999999 - (For Chandigarh Employee)

Outside Country - DHS Level , Bill Limit : 0 - 999999999

Private Hospital (Outside State) - DHS Level , Bill Limit : 0 - 999999999

+ View & Edit Medical Case

MEDICAL BILL FLOW

⊖ Create Medical Bill Flow

Treatment Type

Outside Country - DHS Level , Bill Limit : 0 - 999999999



Search Detail

Bill Flow Description *	Bill Flow Level *	Is OTP Required *	Action
Employee	10	No	
DHS Office	20	No	
Medical Board (DHS)	30	No	
DD (DHS)	40	No	ADDDelete

Update

Reset

Employee

DHS Office

DA (DHS)

Superintendent (DHS)

MO (DHS)

Supt.(DHS For Approval)

DD (DHS)

Director (DHS)

Medical Board (DHS)

Diary Clerk (DHS)

Staff in medical Branch DHS Office

MEDICAL BRANCH - MEMBER MASTER

+

Add Medical Branch Member

Department*

HEALTH AND FAMILY WELFARE DEMO

District*

CHANDIGARH(STATE CAPITAL)

Office*

HFW MAIN OFFICE 1

Branch Name*

OFFICE 1

Member Type*

-Select-

▼

Member Detail*

Enter Member Detail

Help

Charge Taken On*

Save

Reset

- Select-
- DA (DHS)

Superintendent (DHS)

MO (DHS)

Supt.(DHS For Approval)

DD (DHS)

Director (DHS)

Diary Clerk (DHS)

Creation of Medical Board at DHS Level

Medical

My Services

Hospital Master

Staff In Medical Branch

Medical Bill Flow

Set Medical Case Priority

Creation Of Medical Board

Shift / Move Medical Case

MEDICAL BOARD COMMITTEE

Create Medical Board

Medical Board Type

State Level Board

District Level Board

State Level Board

#	Member*	Designation Posting Office	Member Since*	Member Type*	Action
1	Search Member Name Help		__/__/__	General	Delete
2	Search Member Name Help		__/__/__	General	Delete
3	Search Member Name Help		__/__/__	General	Delete
4	Search Member Name Help		__/__/__	General	Delete

Save

Reset

Committee Members

General

Dental Care

District Level board for DHS is for
Chandigarh offices
State level board is for over all Punjab
offices

Medical Case Priority (DHS Office)

Medical

My Services

Hospital Master

Staff In Medical Branch

Medical Bill Flow

Set Medical Case Priority

Creation Of Medical Board

Shift / Move Medical Case

Priority Medical Case

Priority Medical Case

Employee Name(Code)



Sanction At
DHS Level

GOVT. OF PUNJAB
DIRECTORATE OF HEALTH & FAMILY WELFARE
PARIWAR KALYAN BHAWAN, PLOT-5 SECTOR-34-A, CHANDIGARH
(PMH BRANCH)

To,

Treasury and Accounts Administration
Sector 33A Chandigarh Test
DIRECTOR TREASURIES AND ACCOUNTS
TREASURIES AND ACCOUNTS

Registered No.Medical (2)-Pb-022/TRY/CHD/20116/25
Dated: 16/05/2025 Chandigarh

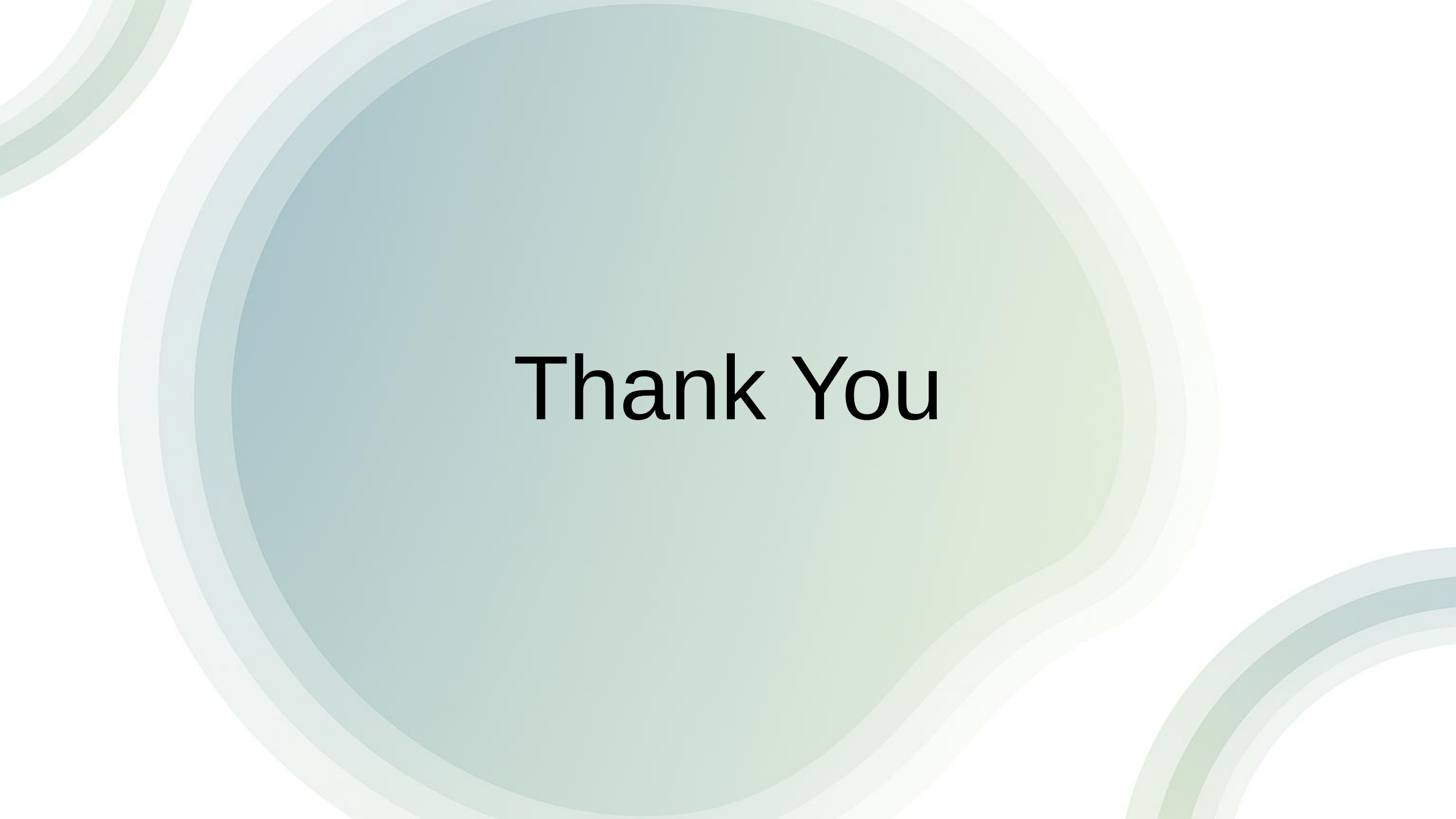
Subject :- Verification of rates and Ex-post Facto sanction for taking treatment in Respect
of himSelf of Sh.Vipan Kumar (121318)

In Reference to your case no 238 submitted on me on 12/05/2025 the subject noted
above vide circular No.12/193-5H5/5251-54 dated 13.06.2003, 12/69/98-5hb5/21329 dated
01.09.2000, 12/23/03-5hb5/3883 dated 07.07.2003, 12/22/2009-5HB5 /21950 dated 10.09.2007 and
21/47/2009-5HB5/1210 dated 24.06.2010. Sanction verification of rates and ex-post facto sanction
by the Director Health & Family Welfare Punjab Chandigarh in accordance with **AIIMS New
Delhi/Govt. Rates** is as:

PatientName	
Name	
Designation	SENIOR ASSISTANT
Treatment Period	01/05/2025 to 12/05/2025
Treatment from	Government Medical College Hospital , Sector-32 CHANDIGARH (STATE CAPITAL)
Claimed Amount	29000.00 (Insurance amount included:100.00)
Payable Amount	28500.00
Advance Sanctioned by Civil/HMS Officer	1000.00 vide letter no. 23443/3213123/21323 dated 12/05/2025
Insurance Claim	100.00
Payable Amount	27400.00/-
Payable Amount (In Words)	Twenty-Seven Thousand Four Hundred
Disease	demo

Date :16/05/2025

Signature of Sanction Authority



Thank You