Medical Reimbursement Module

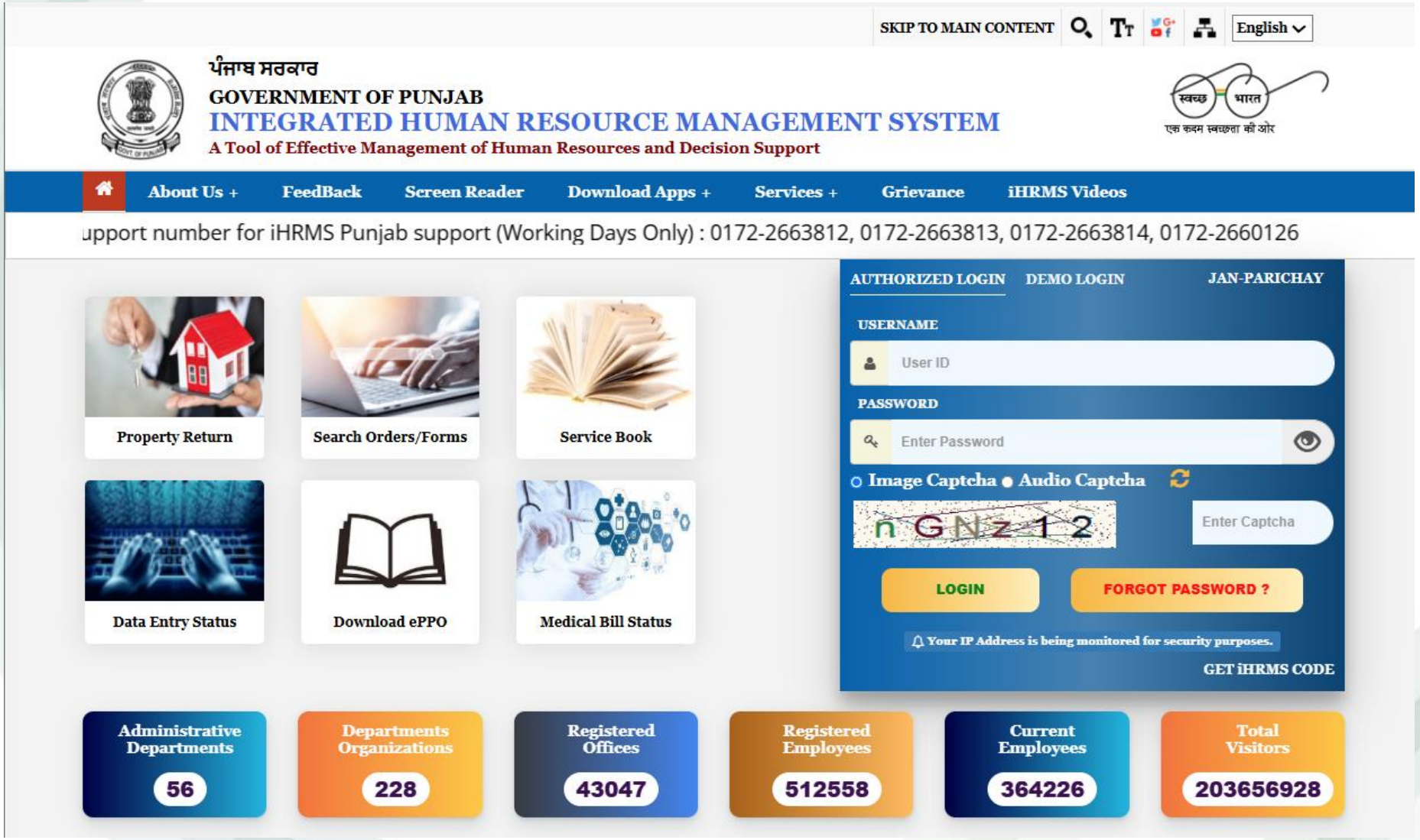
iHRMS Punjab

NIC PUNJAB

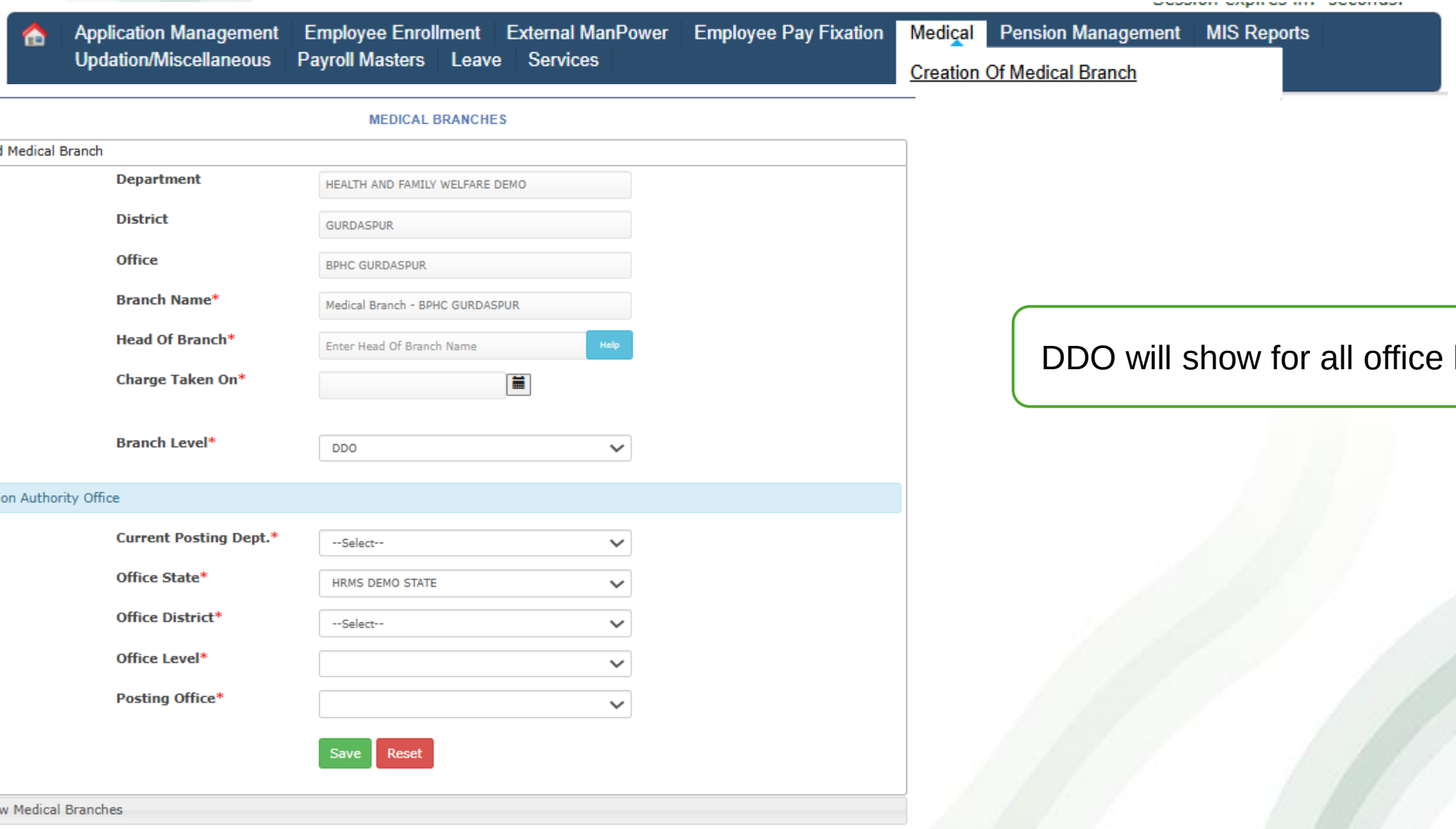
Medical Bill Roll

- **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



Creation of Medical Branch at DDO Level



DDO will show for all office level

MEDICAL BRANCHES

Add Medical Branch

View Medical Branches

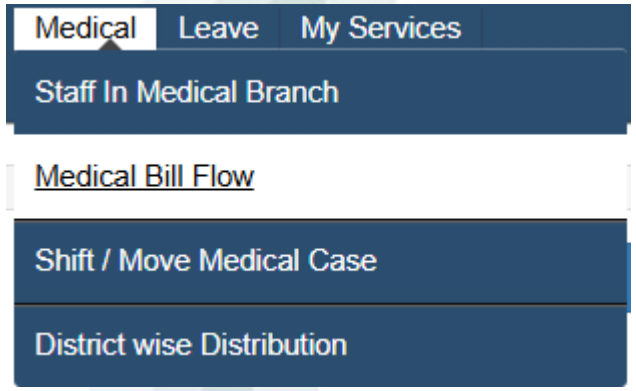
Search: EXCEL PDF CSV PRINT Show 10 entries

#	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 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

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

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

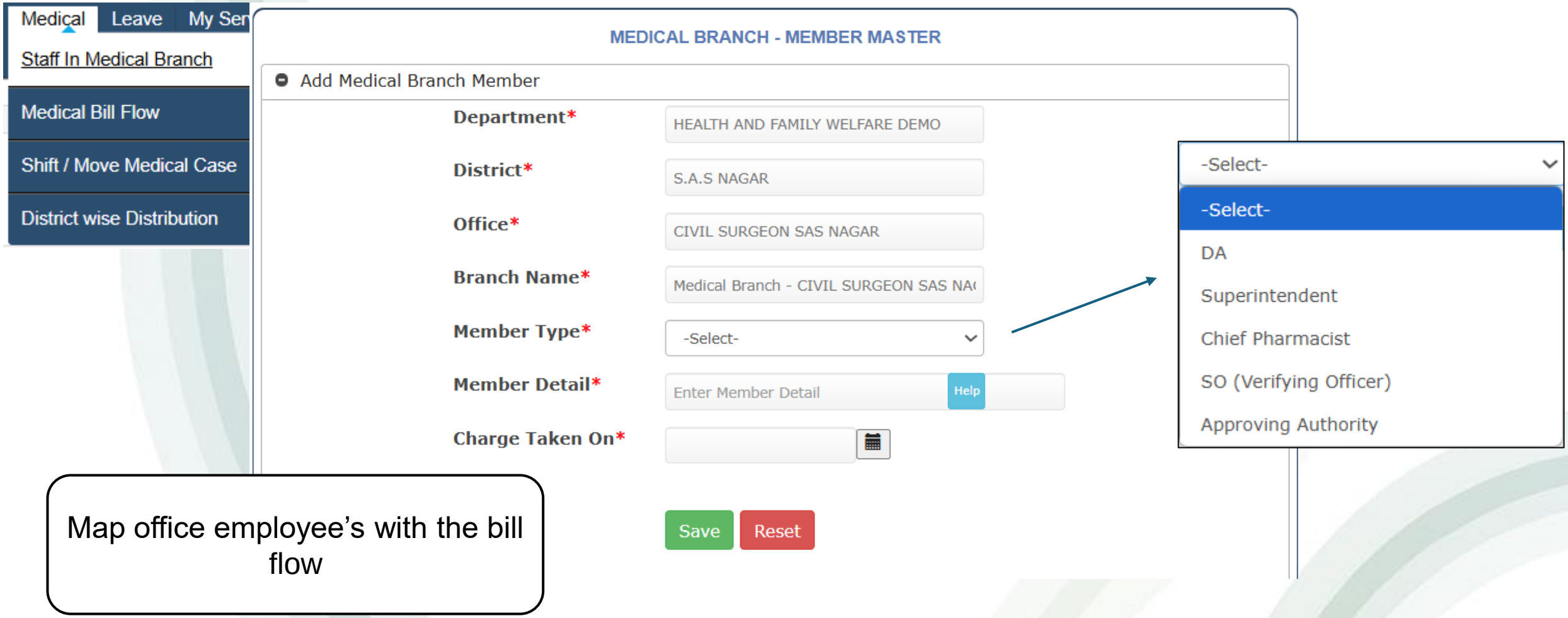
Search: EXCEL PDF CSV PRINT Show 10 entries

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



Map office employee's with the bill flow

MEDICAL BRANCH - MEMBER MASTER

Add Medical Branch Member

View Medical Branch - Member List

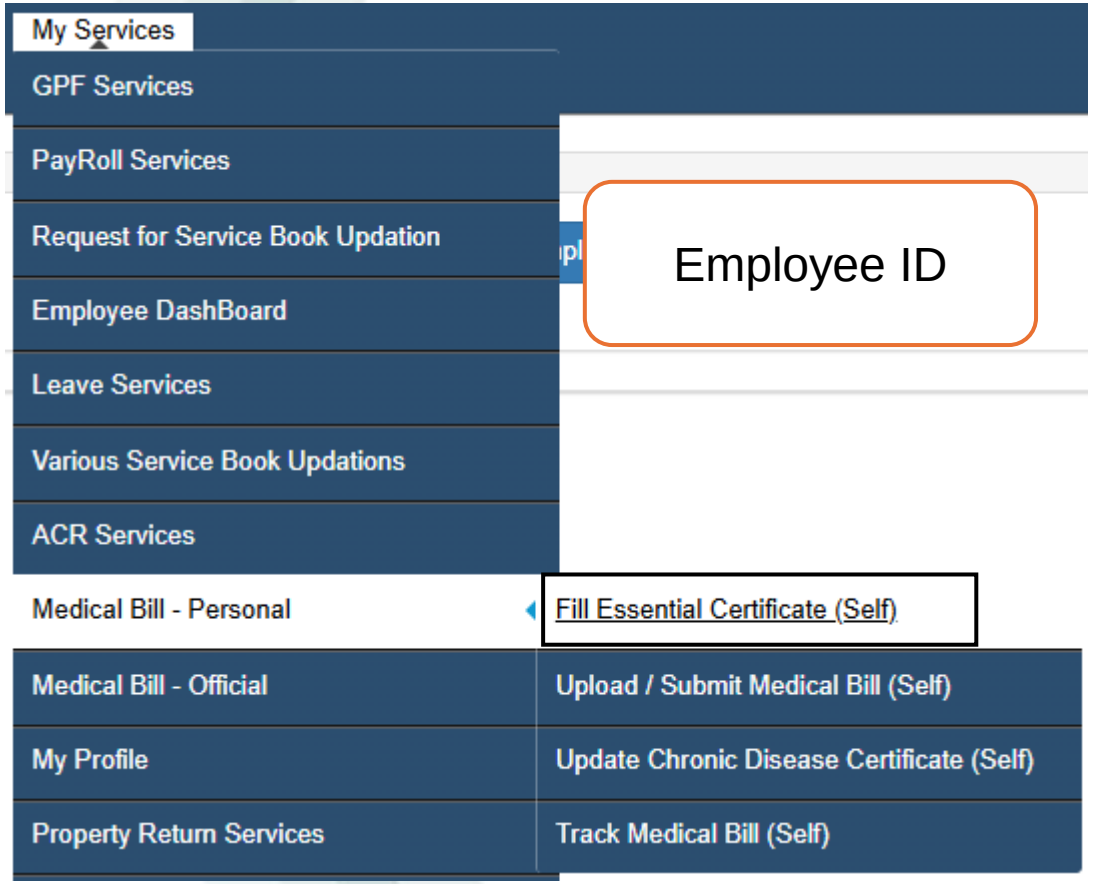
Search: EXCEL PDF CSV PRINT Show 10 entries

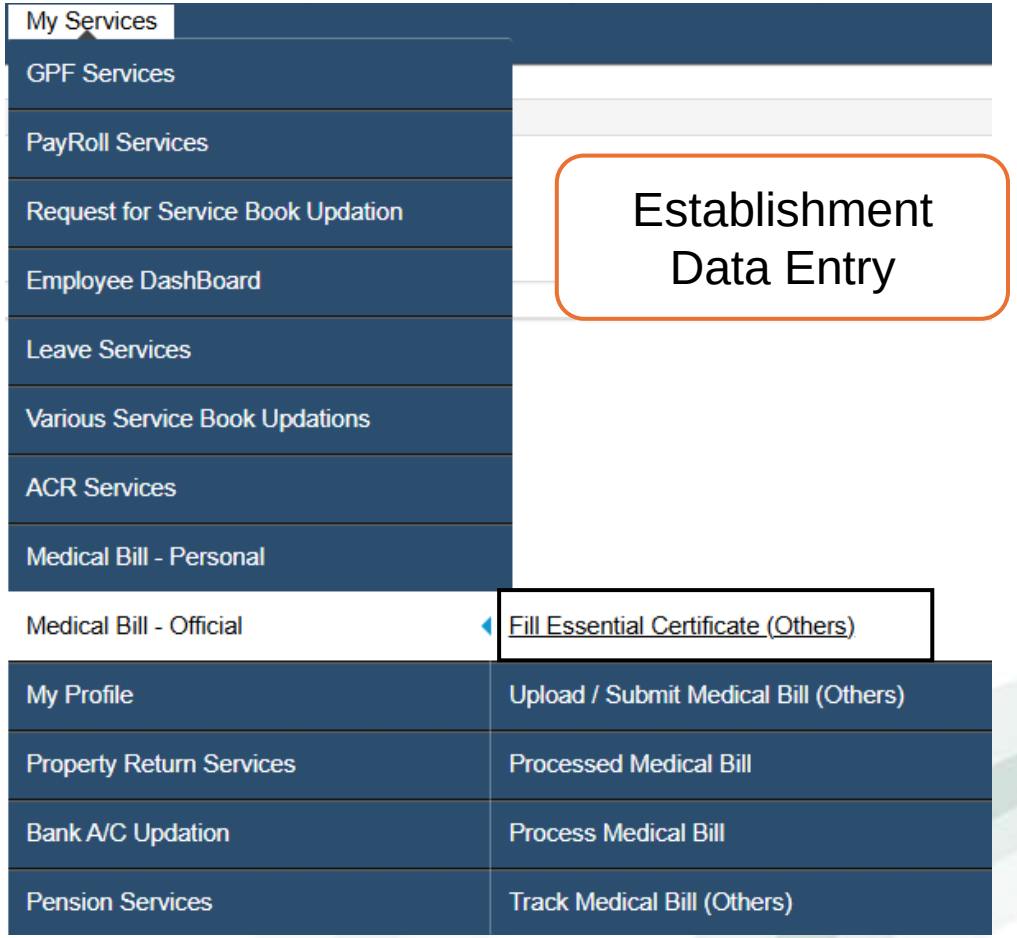
#	Member Name	Designation	Member Type	Charge From	Action
1	SEBI KAUR (512)	AC MECHANIC	DA	01/04/2023	De-Activate
2	LOVEDEEP SINGH (514)	SYSTEM MANAGER	Approving Authority	01/01/2023	De-Activate
3	RASHMI SINGH (511)	MEDICAL OFFICER GENERAL	Approving Authority	01/04/2023	De-Activate
4	MANGLU SHARMA (508)	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





DEPARTMENT OF : HEALTH AND FAMILY WELFARE DEMO , HRMS DEMO STATE

Logged As : NIKHIL SHARMA , ASSISTANT
Posted At : CIVIL SURGEON SAS NAGAR

Role : GENERAL USER
Logged Time : 18 MAY 2025 1:25:25 PM
Session expires in: 29 : 57 seconds.

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 ਵਿਚ ਸਬੰਧਤ ਵਿਭਾਗ ਵਲੋਂ ਅਧਿਕਾਰੀ/ਕਰਮਚਾਰੀ ਦੇ ਗਜਟਿਡ/ਨਾਨ-ਗਜਟਿਡ ਹੋਣ ਦੀ ਜਾਣਕਾਰੀ ਸ਼ਾਮਲ ਹੋਣੀ ਜਰੂਰੀ 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 ਜਰੂਰੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਹੱਕਦਾਰ ਦੇ ਹਸਤਾਖਰ ਅਤੇ ਸਬੰਧਤ ਹਸਪਤਾਲ ਪਾਸੋ ਤਸਦੀਕ ਕੀਤਾ ਹੋਵੇ।)
4. A complete discharge summary of the medical bill from the concerned hospital should be enclosed. (ਸਬੰਧਤ ਹਸਪਤਾਲ ਪਾਸੋ 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. (ਜਿਨਾਂ 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 ਇੰਨਸੋਰੈਂਸ ਲਈ ਹੋਵੇ, ਉਸਦੀ ਮੁਕੰਮਲ ਜਾਣਕਾਰੀ ਸਬੰਧਤ ਵਿਭਾਗ ਦੇ ਪੱਤਰ ਵਿਚ 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

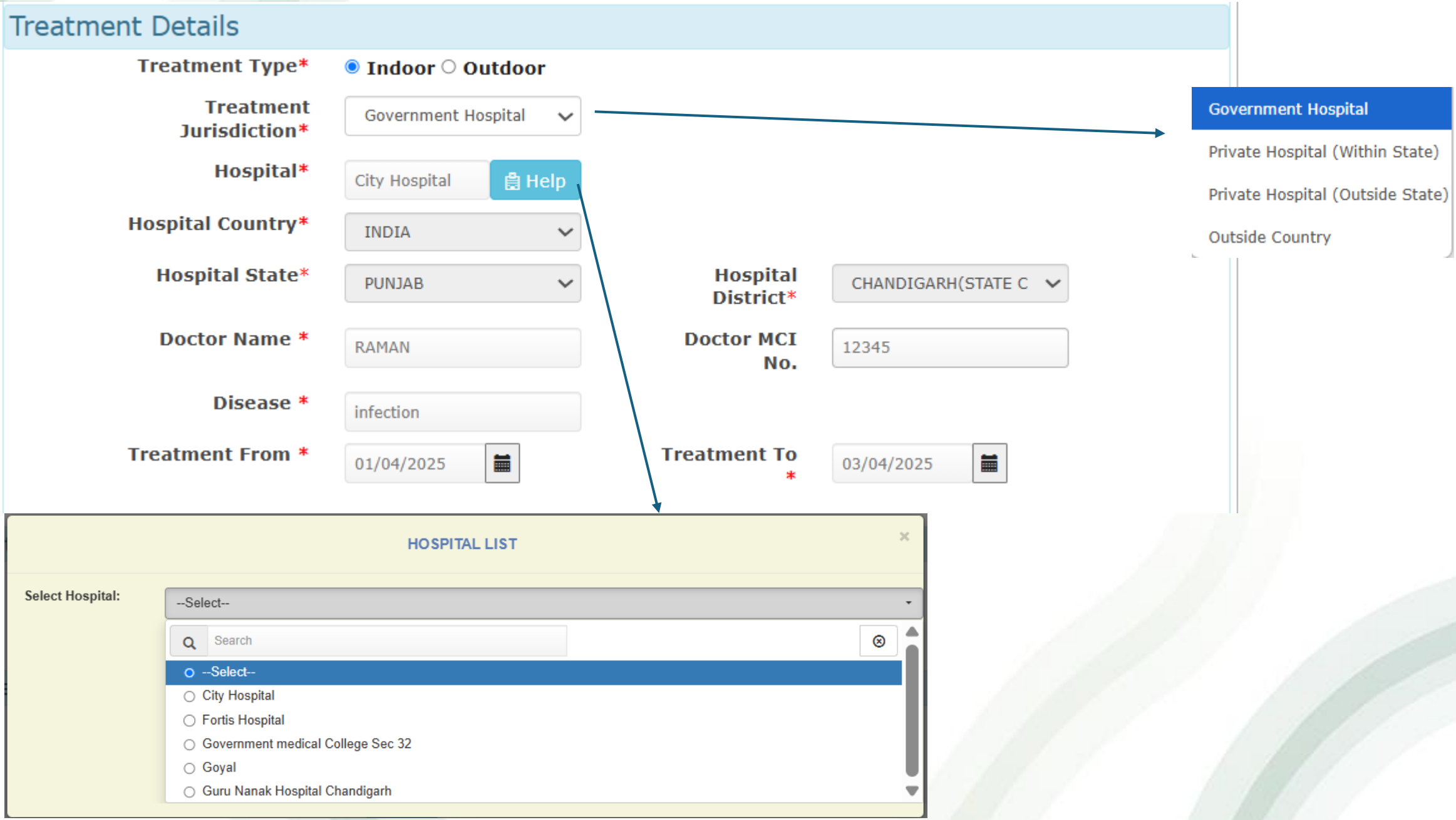
Family Member* usha (MOTHER)

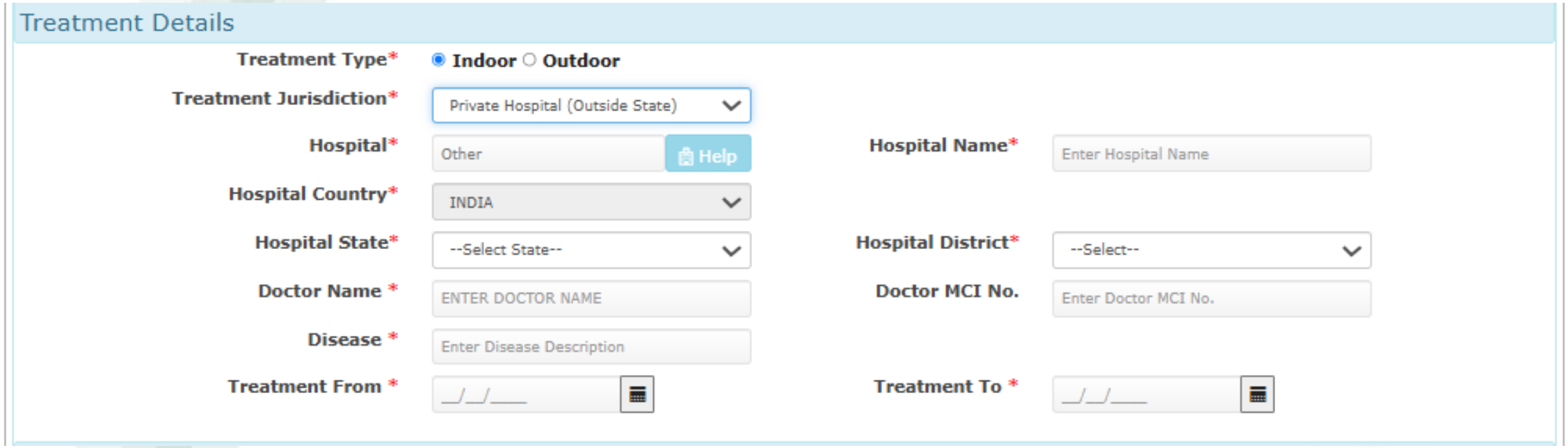
**For any other family members, Please contact your establishment office.

Health Id (Issued by MHWA) — Enter Health Id

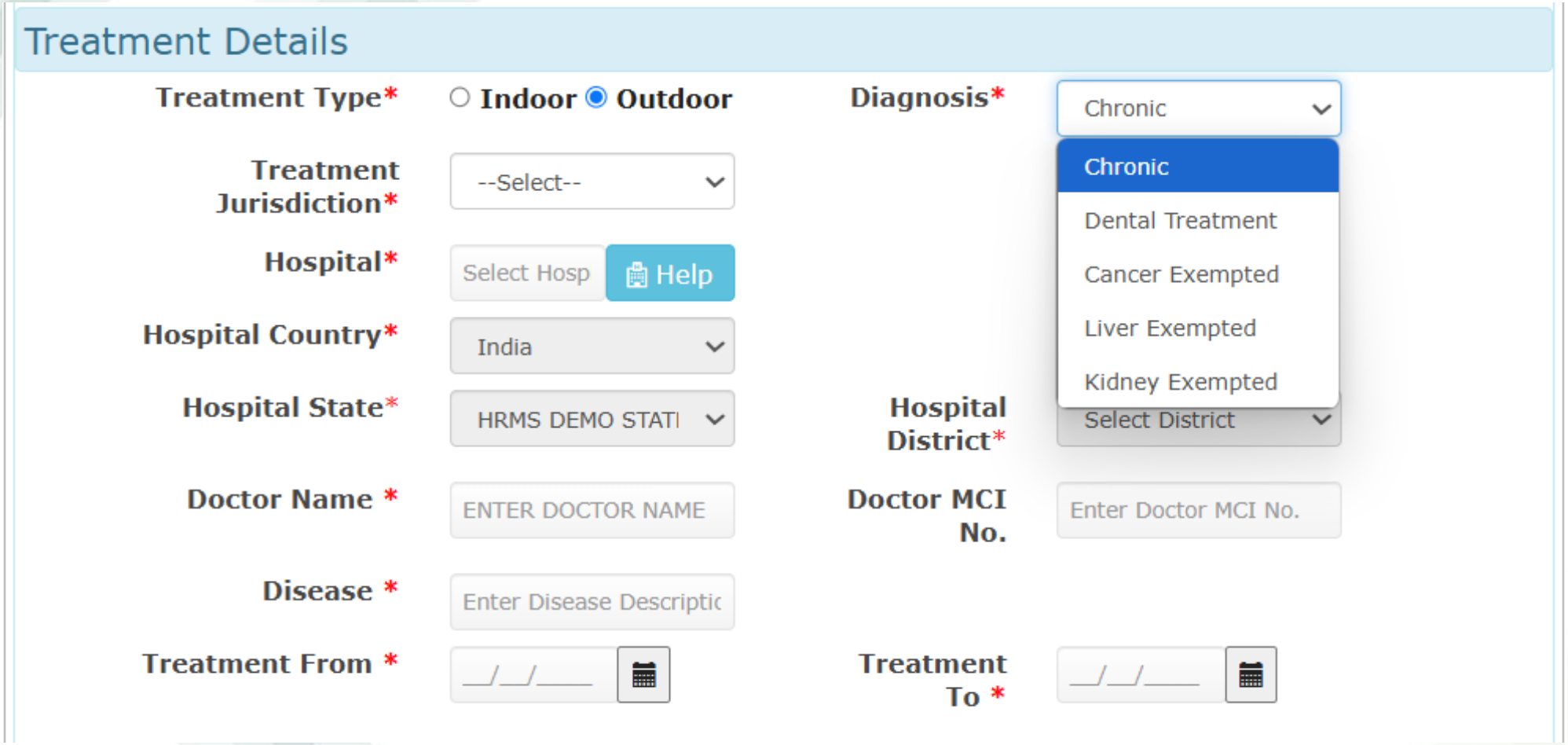
Patient CR No /No.* — Enter Patient CR No / No.

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

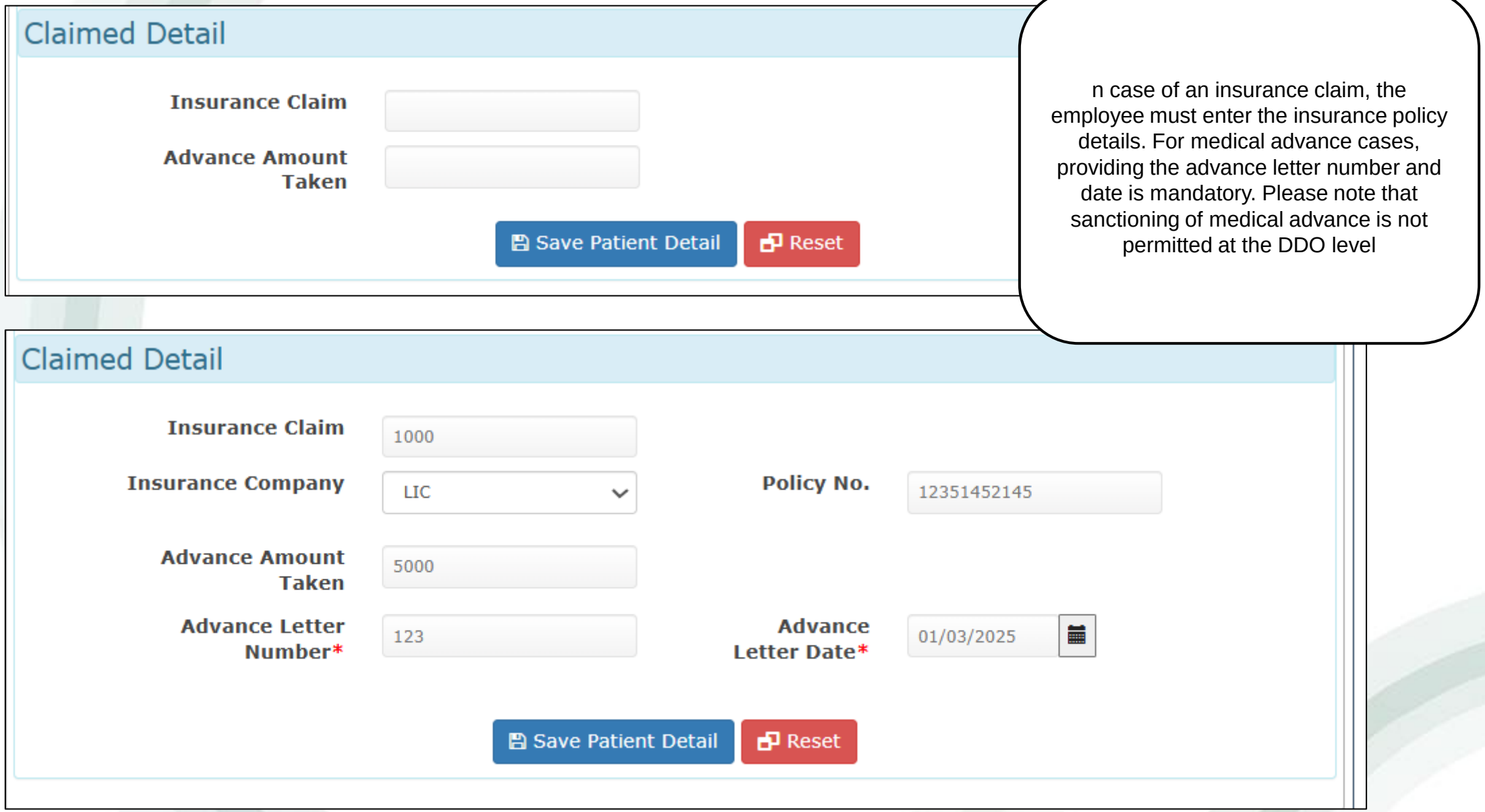

Treatment Details
Treatment Type*
Indoor
Outdoor
Treatment Jurisdiction*
Government Hospital
Hospital*
City Hospital
Help
Hospital Country*
INDIA
Hospital State*
PUNJAB
Hospital District*
CHANDIGARH(STATE C
Doctor Name *
RAMAN
Doctor MCI No.
12345
Disease *
infection
Treatment From *
01/04/2025
Treatment 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



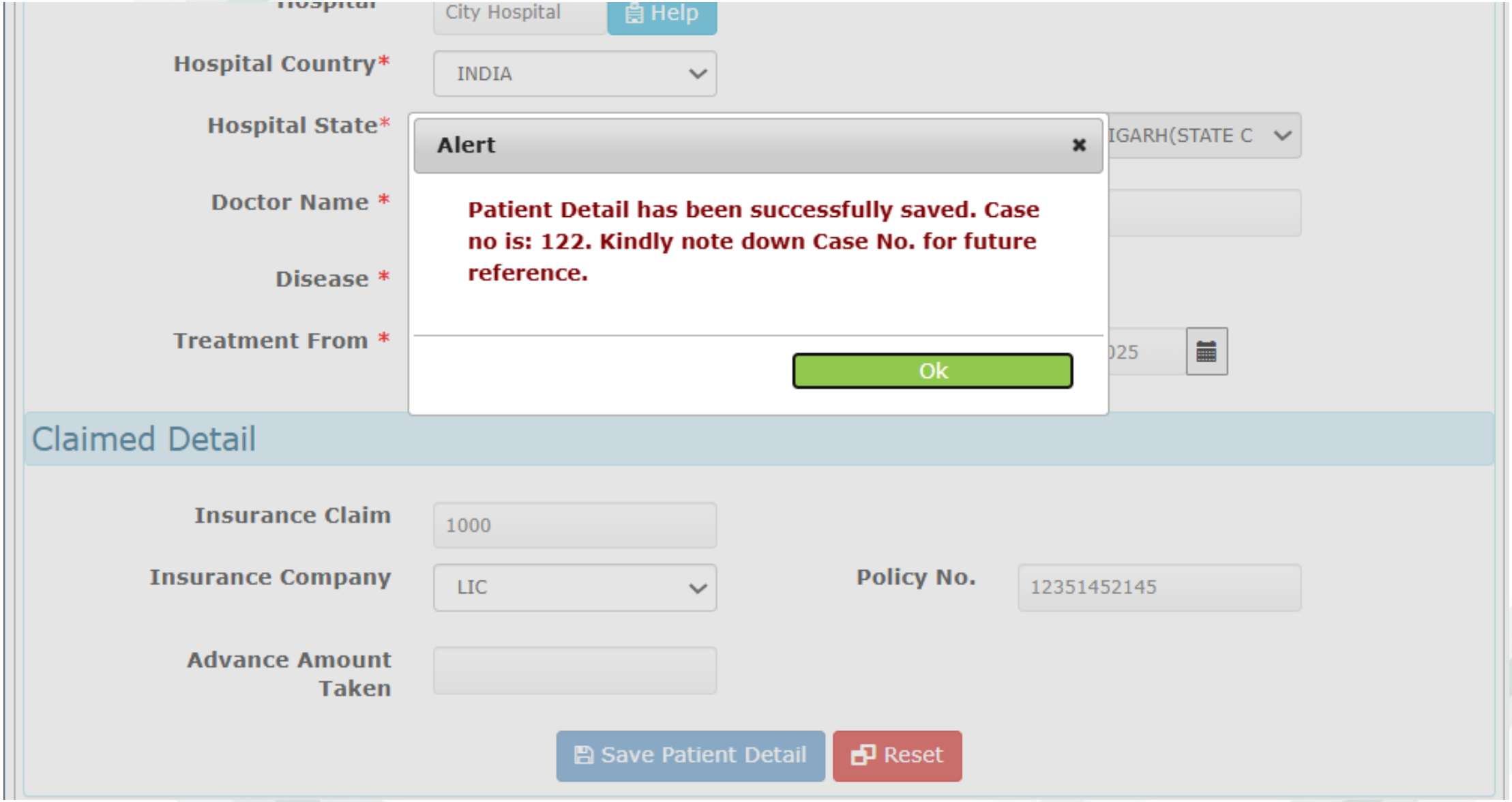
In case treatment jurisdiction is private hospital(outside state) or outside Country then employee has to enter hospital name self



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



n 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


City Hospital
Help
Hospital Country*
INDIA
Hospital State*
IGARH(STATE C
Doctor Name *
Disease *
Treatment From *
025
Alert
Patient Detail has been successfully saved. Case no is: 122. Kindly note down Case No. for future reference.
Ok
Claimed Detail
Insurance Claim
1000
Insurance Company
LIC
Policy No.
12351452145
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.*
[Enter 00 In case of Government Hospital]
na

Vendor/Hospital* NA

Bill Document*
[Upload PDF only (max 5MB)]
Choose File No ...osen

Discount Type* Discount on Overall Bill

- Discount on Overall Bill Amount
- Discount on Item Wise Bill Amount
- No Discount

Bill Amount* Enter Bill Amount.

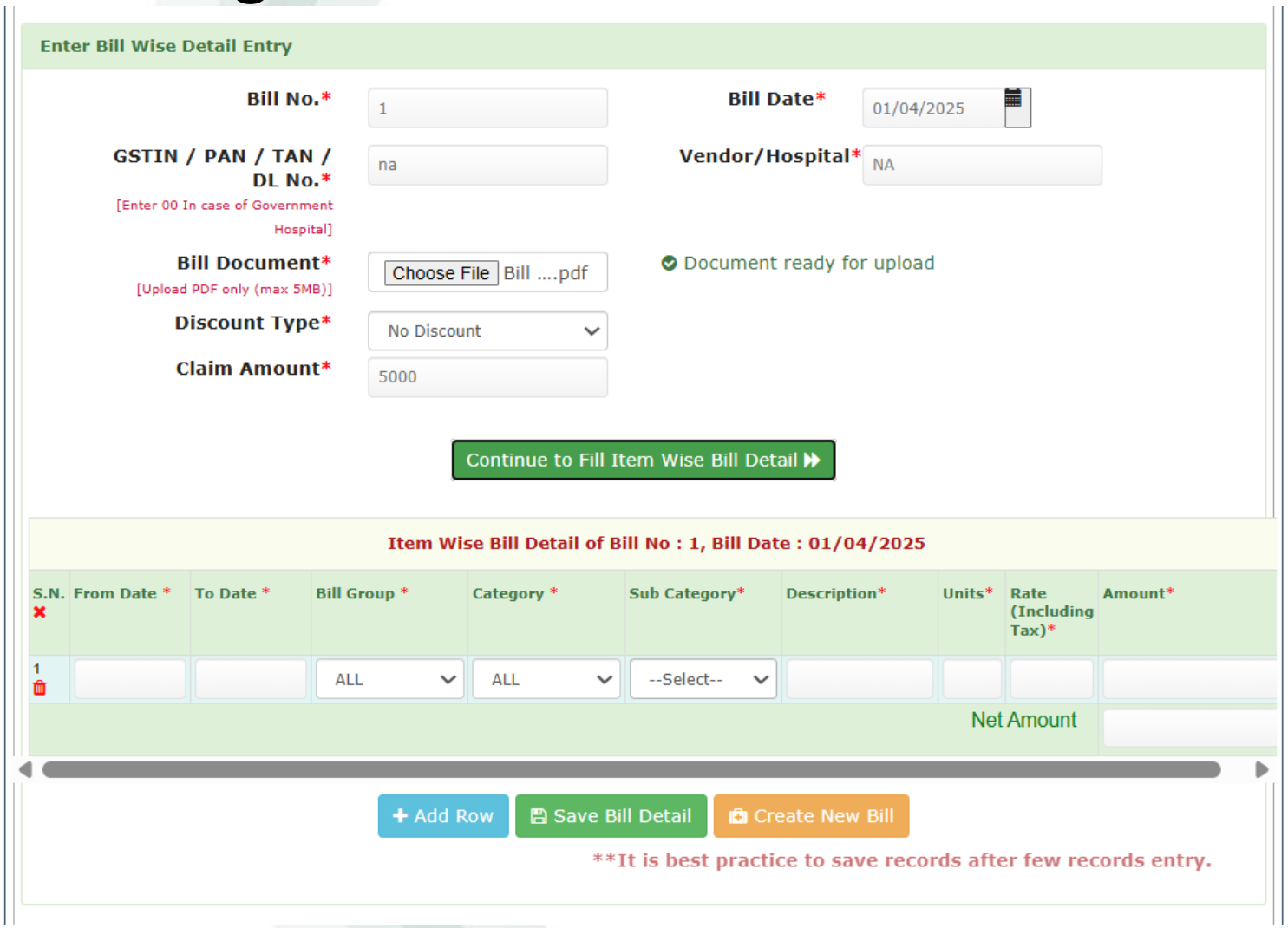
Discount* Enter Bill Discount Amount.

Claim Amount* Enter Bill Amount.

Continue to Fill Item Wise Bill Detail

Enter bill details and click fill item wise bill details

Filling Bill Details



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	

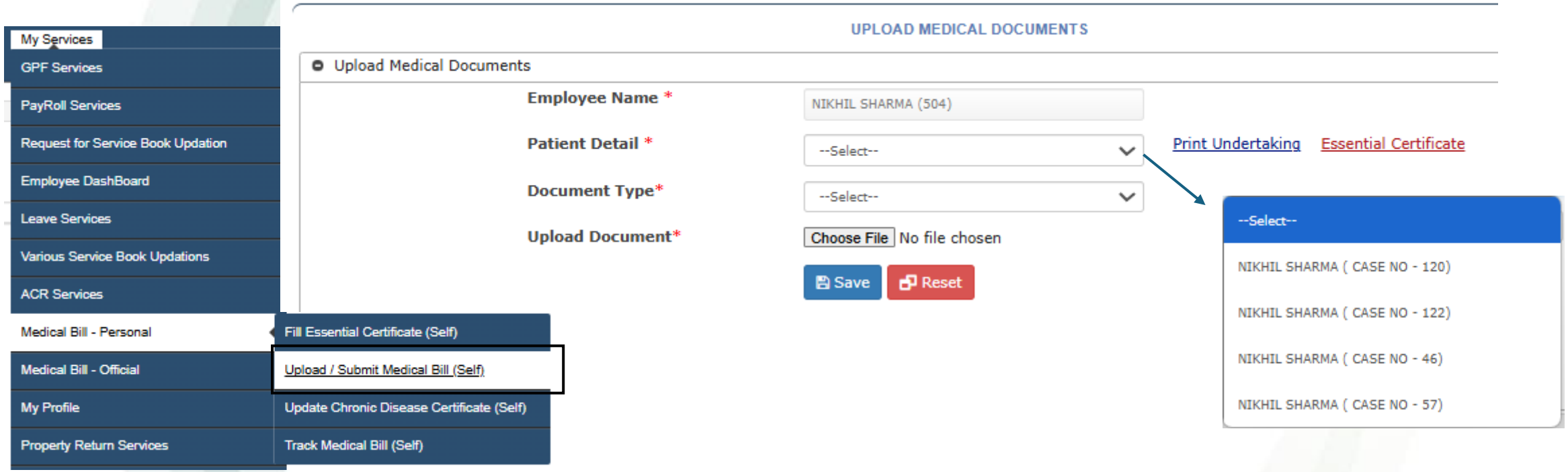
Final Claim Amount: ₹15,000 – ₹1,000 = **₹14,000** (Insurance Deducted: ₹1,000)

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



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--

- Discharge Summary
- Essential Certificate
- Supporting Document For Insurance

Upload Document* Choose File No file chosen

Save Reset

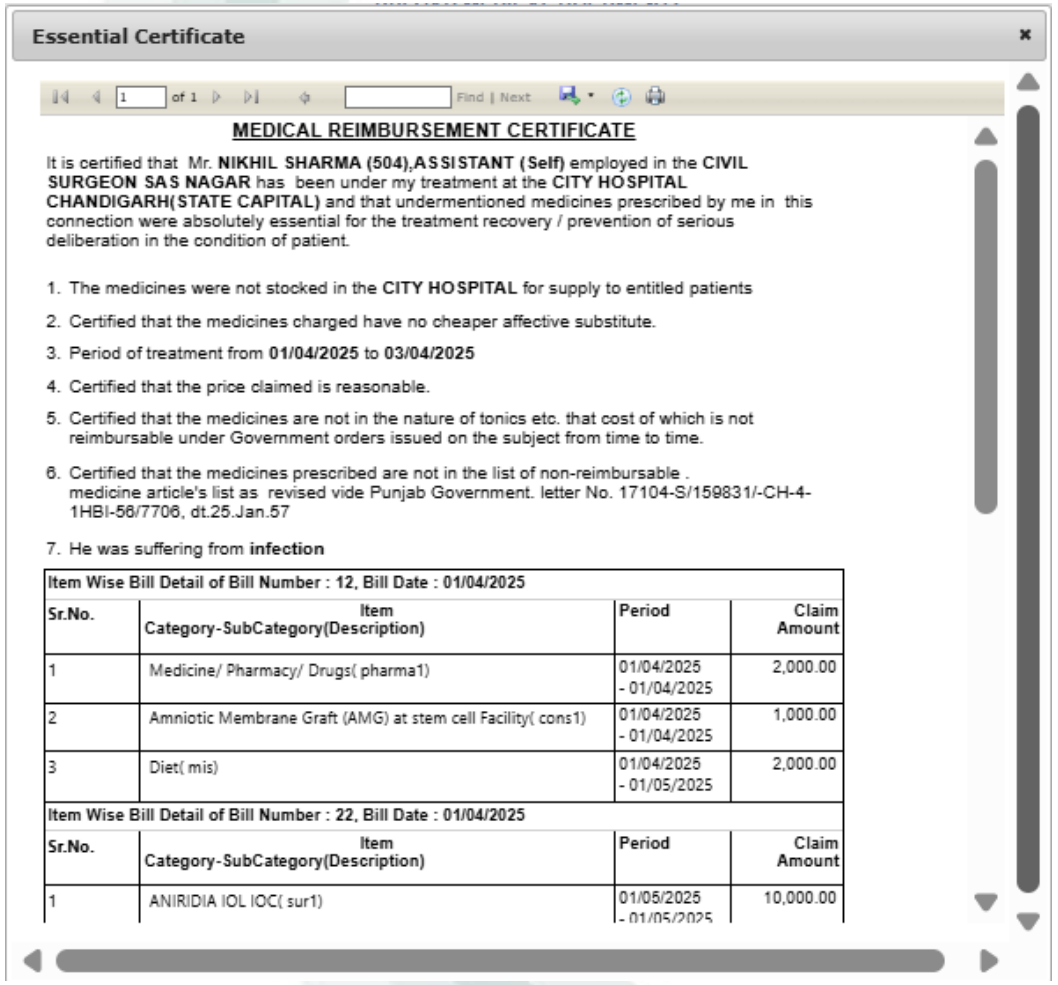
** Please enter your bill details using Medical Reimbursement Form!

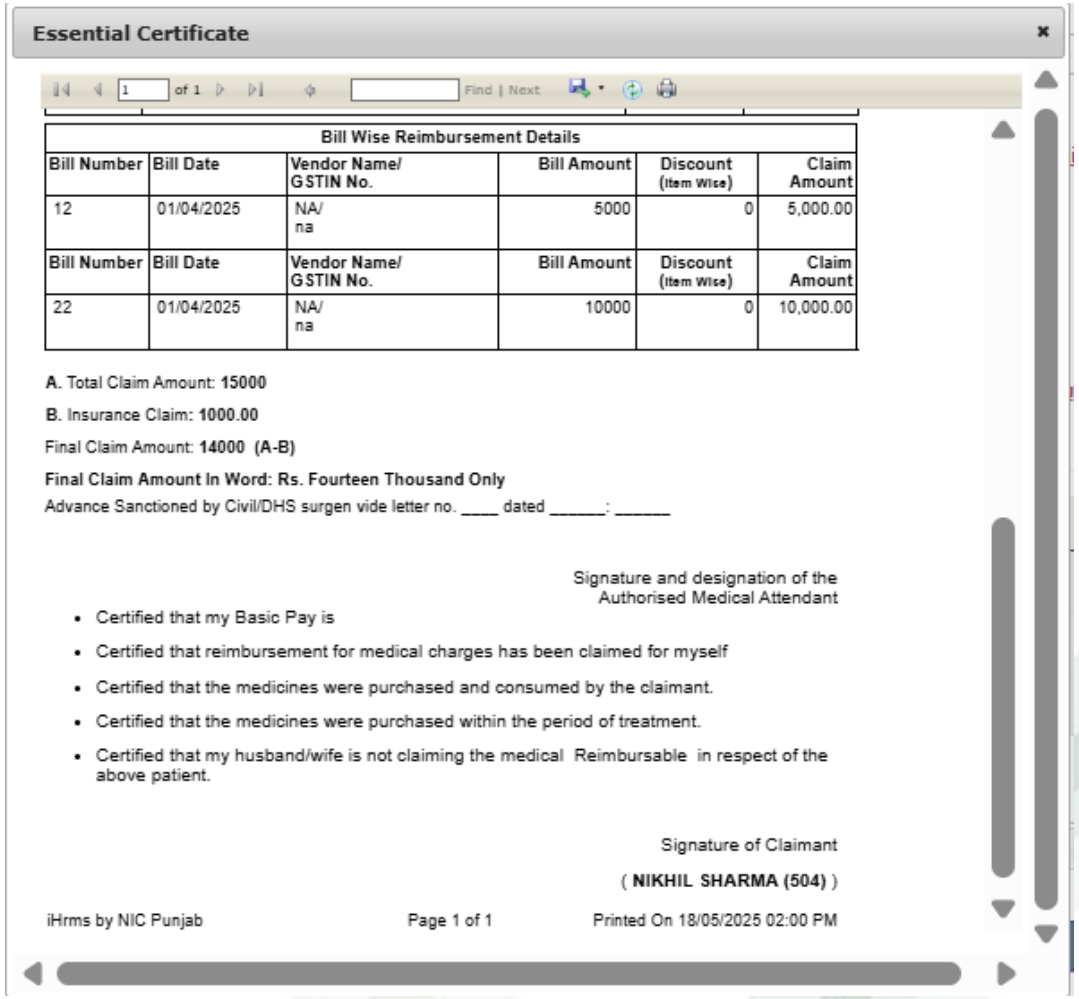
#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	View
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	View

Showing 1 to 2 of 2 entries

Previous 1 Next

Essential Certificate





UPLOAD MEDICAL DOCUMENTS

Upload Medical Documents

Employee Name * NIKHIL SHARMA (504)

Patient Detail * NIKHIL SHARMA (CASE NO - 122) Print Undertaking Essential Certificate

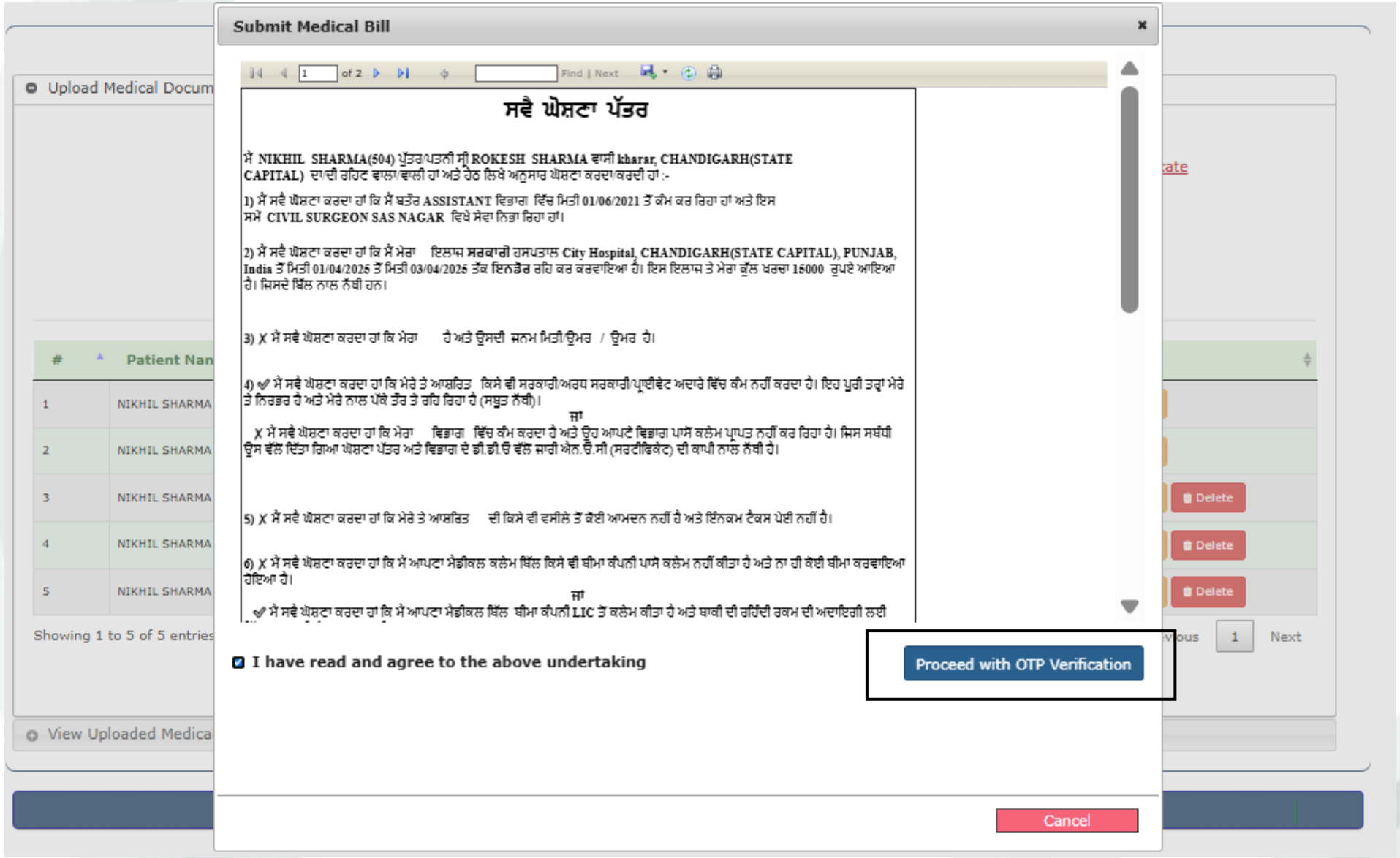
Reset

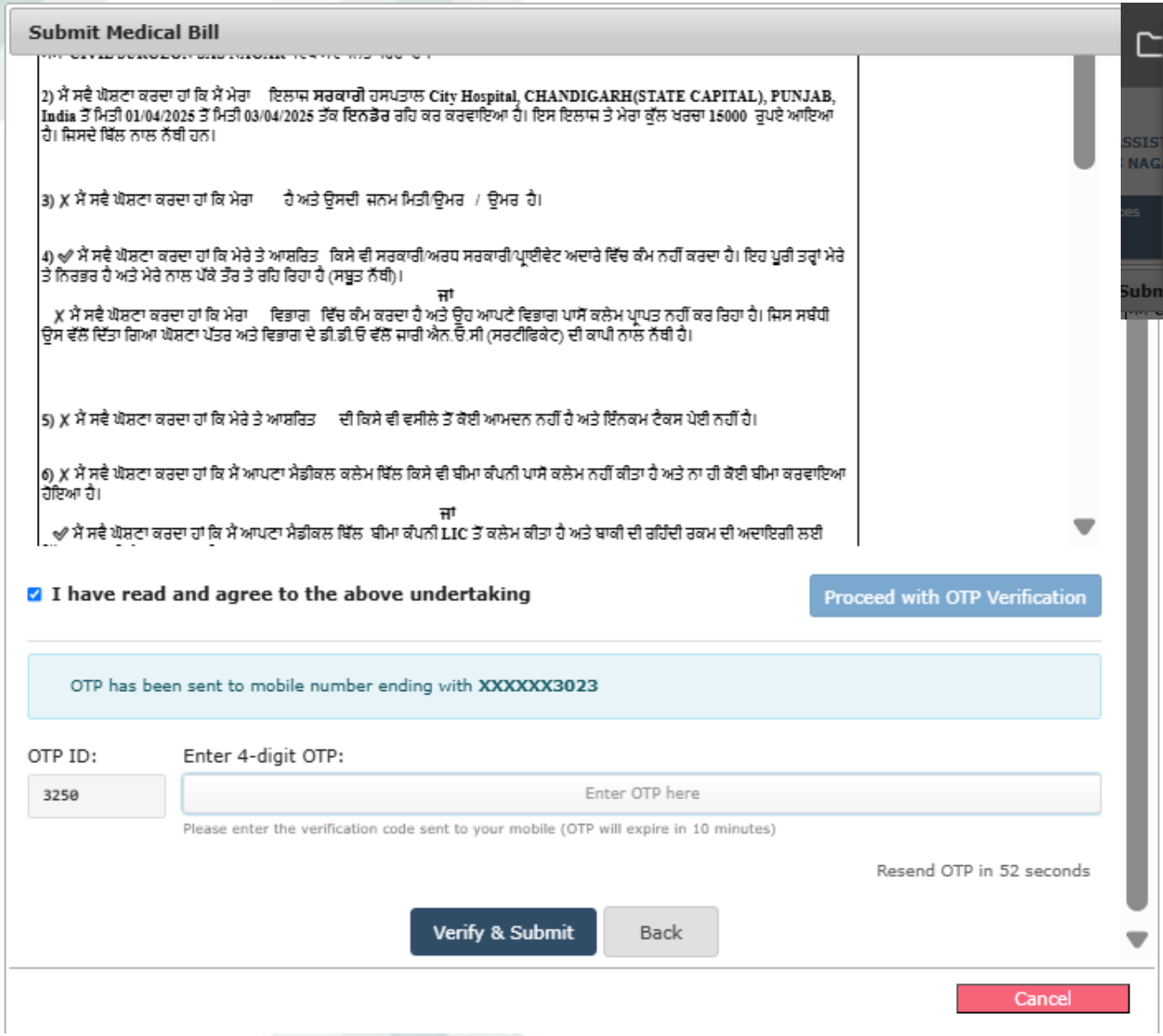
#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	View
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	View
3	NIKHIL SHARMA (122)	Discharge Summary	discharge.pdf	View Delete
4	NIKHIL SHARMA (122)	Essential Certificate	Essential Certificate (5).pdf	View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

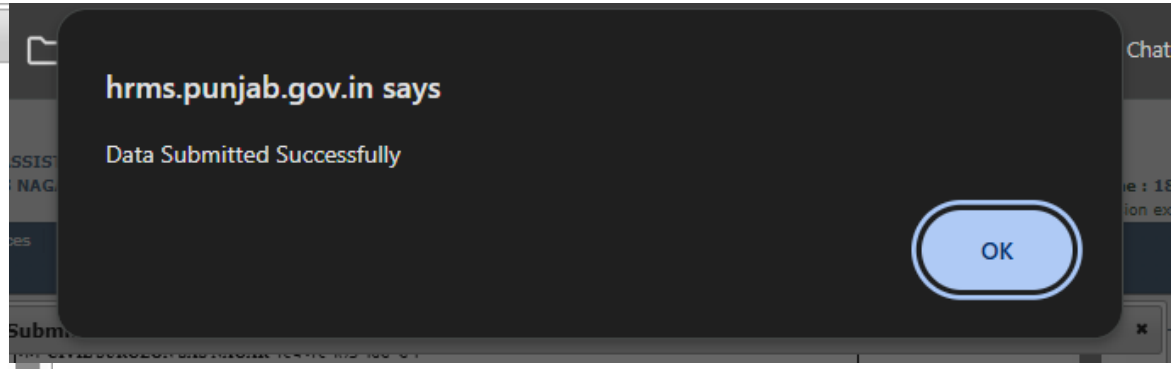
Showing 1 to 5 of 5 entries Previous 1 Next

Submit Bill

View Uploaded Medical Documents


Upload Medical Docum
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) ਦਾ/ਦੀ 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 ਤੇ ਮੇਰਾ ਕੁੱਲ ਖਰਚਾ 15000 ਰੁਪਏ ਆਇਆ ਹੈ। ਜਿਸਦੇ ਬਿੱਲ ਨਾਲ ਨੱਥੀ ਹਨ।
3) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਹੈ ਅਤੇ ਉਸਦੀ ਜਨਮ ਮਿਤੀ/ਉਮਰ / ਉਮਰ ਹੈ।
4) ✓ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸ਼ਰਿਤ ਕਿਸੇ ਵੀ ਸਰਕਾਰੀ/ਅਰਧ ਸਰਕਾਰੀ/ਪ੍ਰਾਈਵੇਟ ਅਦਾਰੇ ਵਿੱਚ ਕੰਮ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਇਹ ਪੂਰੀ ਤਰ੍ਹਾ ਮੇਰੇ ਤੇ ਨਿਰਭਰ ਹੈ ਅਤੇ ਮੇਰੇ ਨਾਲ ਪੱਕੇ ਤੌਰ ਤੇ ਰਹਿ ਰਿਹਾ ਹੈ (ਸਬੂਤ ਨੱਥੀ)।
ਜਾਂ
✗ 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.ਓ ਵੱਲੋਂ ਜਾਰੀ ਐਨ.ਓ.ਸੀ (ਸਰਟੀਫਿਕੇਟ) ਦੀ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਹੈ।
5) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸ਼ਰਿਤ ਦੀ ਕਿਸੇ ਵੀ ਵਸੀਲੇ ਤੋਂ ਕੋਈ ਆਮਦਨ ਨਹੀਂ ਹੈ ਅਤੇ ਇੰਨਕਮ ਟੈਕਸ ਪੇਈ ਨਹੀਂ ਹੈ।
6) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਕਲੇਮ ਬਿੱਲ ਕਿਸੇ ਵੀ ਬੀਮਾ ਕੰਪਨੀ ਪਾਸੋ 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
Patient Nan
1 NIKHIL SHARMA
2 NIKHIL SHARMA
3 NIKHIL SHARMA
4 NIKHIL SHARMA
5 NIKHIL SHARMA
Delete
Delete
Delete
Showing 1 to 5 of 5 entries
1
Next
View Uploaded Medica


Submit Medical Bill
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 ਤੇ ਮੇਰਾ ਕੁੱਲ ਖਰਚਾ 15000 ਰੁਪਏ ਆਇਆ ਹੈ। ਜਿਸਦੇ ਬਿੱਲ ਨਾਲ ਨੱਥੀ ਹਨ।
3) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਹੈ ਅਤੇ ਉਸਦੀ ਜਨਮ ਮਿਤੀ/ਉਮਰ / ਉਮਰ ਹੈ।
4) ✓ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸ਼ਰਿਤ ਕਿਸੇ ਵੀ ਸਰਕਾਰੀ/ਅਰਧ ਸਰਕਾਰੀ/ਪ੍ਰਾਈਵੇਟ ਅਦਾਰੇ ਵਿੱਚ ਕੰਮ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਇਹ ਪੂਰੀ ਤਰ੍ਹਾ ਮੇਰੇ ਤੇ ਨਿਰਭਰ ਹੈ ਅਤੇ ਮੇਰੇ ਨਾਲ ਪੱਕੇ ਤੌਰ ਤੇ ਰਹਿ ਰਿਹਾ ਹੈ (ਸਬੂਤ ਨੱਥੀ)।
ਜਾਂ
✗ 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.ਓ ਵੱਲੋਂ ਜਾਰੀ ਐਨ.ਓ.ਸੀ (ਸਰਟੀਫਿਕੇਟ) ਦੀ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਹੈ।
5) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰੇ ਤੇ ਆਸ਼ਰਿਤ ਦੀ ਕਿਸੇ ਵੀ ਵਸੀਲੇ ਤੋਂ ਕੋਈ ਆਮਦਨ ਨਹੀਂ ਹੈ ਅਤੇ ਇੰਨਕਮ ਟੈਕਸ ਪੇਈ ਨਹੀਂ ਹੈ।
6) ✗ ਮੈਂ ਸਵੈ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਆਪਣਾ ਮੈਡੀਕਲ ਕਲੇਮ ਬਿੱਲ ਕਿਸੇ ਵੀ ਬੀਮਾ ਕੰਪਨੀ ਪਾਸੋ 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
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

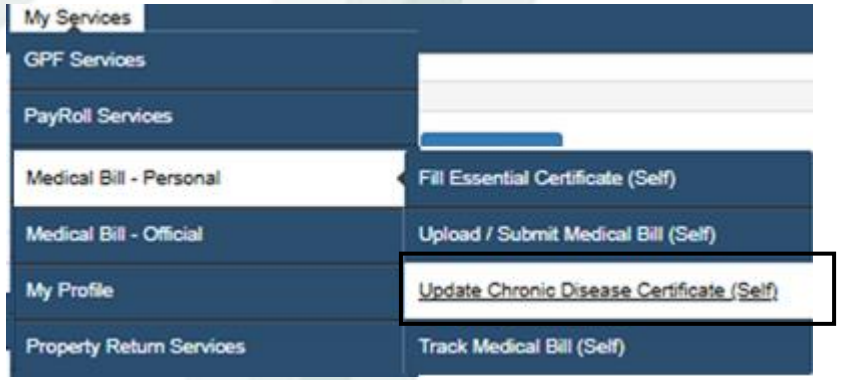
** **Medical Reimbursement Bill has been successfully submitted.**

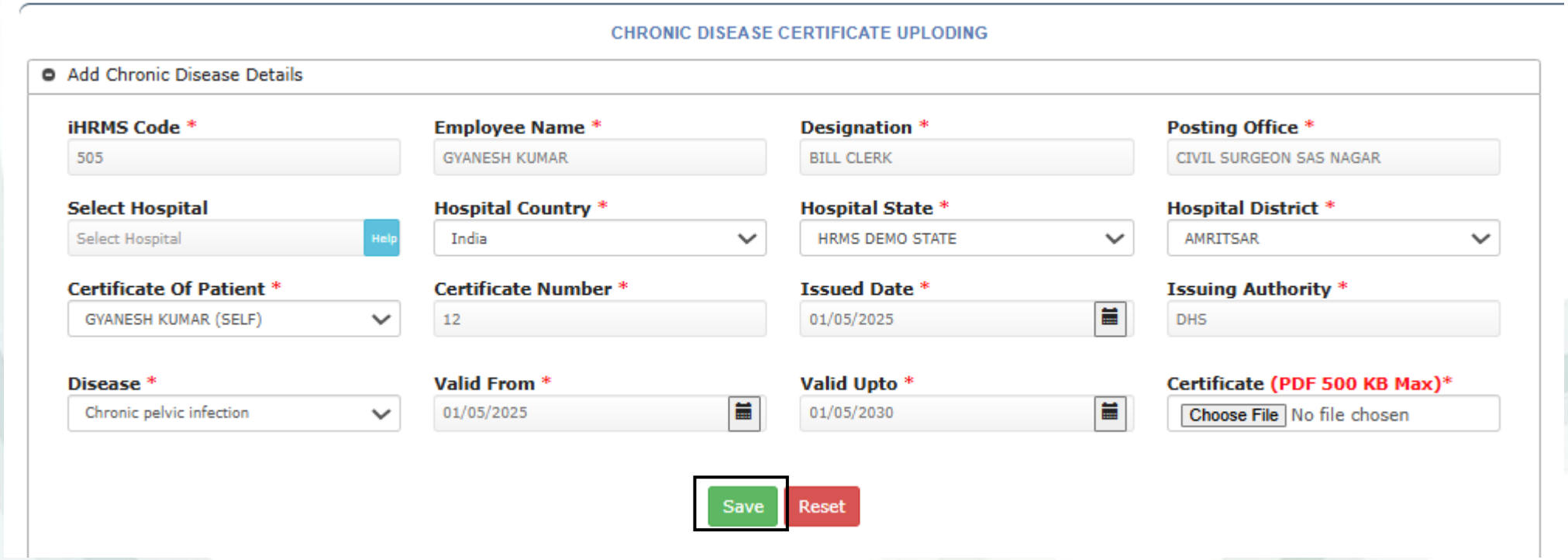
#	Patient Name(Case No.)	Document Type	Uploaded Document	Action
1	NIKHIL SHARMA (122)	Bill Details	170.pdf	
2	NIKHIL SHARMA (122)	Bill Details	171.pdf	
3	NIKHIL SHARMA (122)	Discharge Summary	discharge.pdf	
4	NIKHIL SHARMA (122)	Essential Certificate	Essential Certificate (5).pdf	
5	NIKHIL SHARMA (122)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





Process Medical Bill From Staff Level

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 :

NIKHIL SHARMA
ASSISTANT

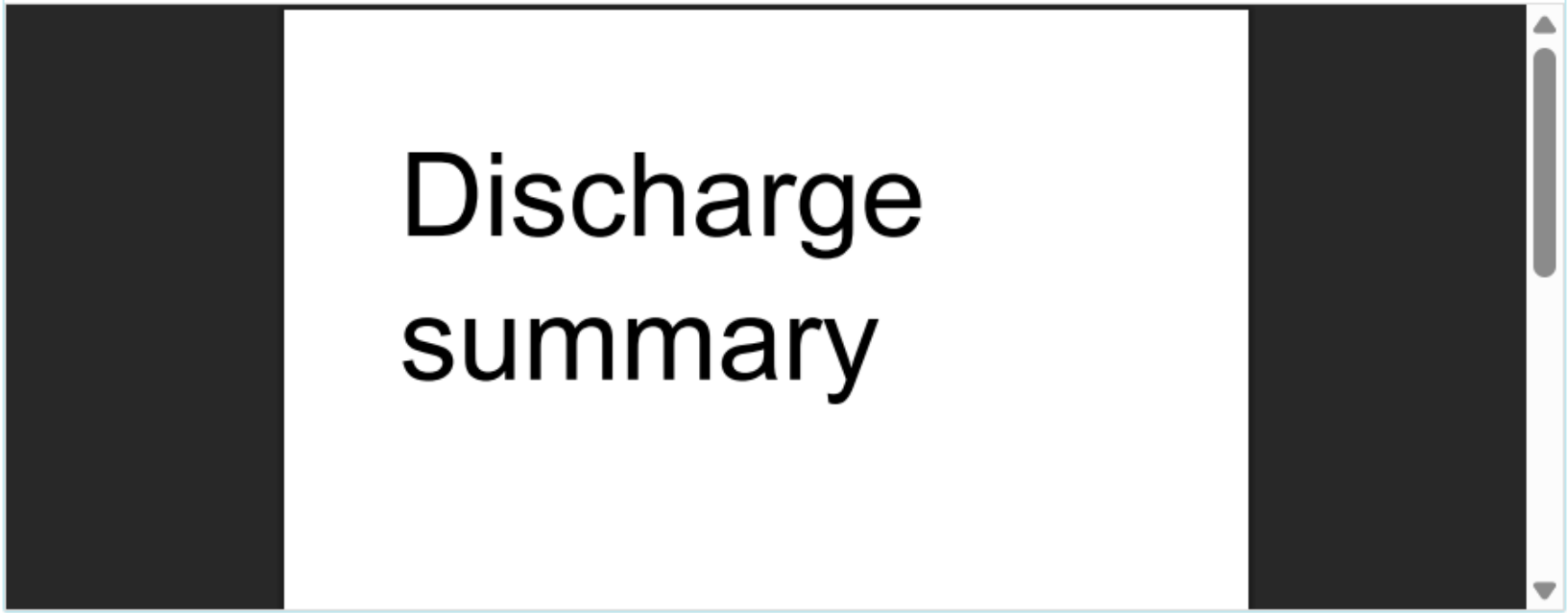
18/05/2025 2:03PM

Bill Document

View Uploaded Document

Display PDF on New Window Tab Same Page

Discharge Summary | Essential Certificate | Self Declaration Form | Supporting Document For Insurance



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 24-06-2010, 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	13990.00
Advance Sanctioned by Civil/DHS surgen vide letter no. ____ dated _____	0.00

Noting:

kindly check

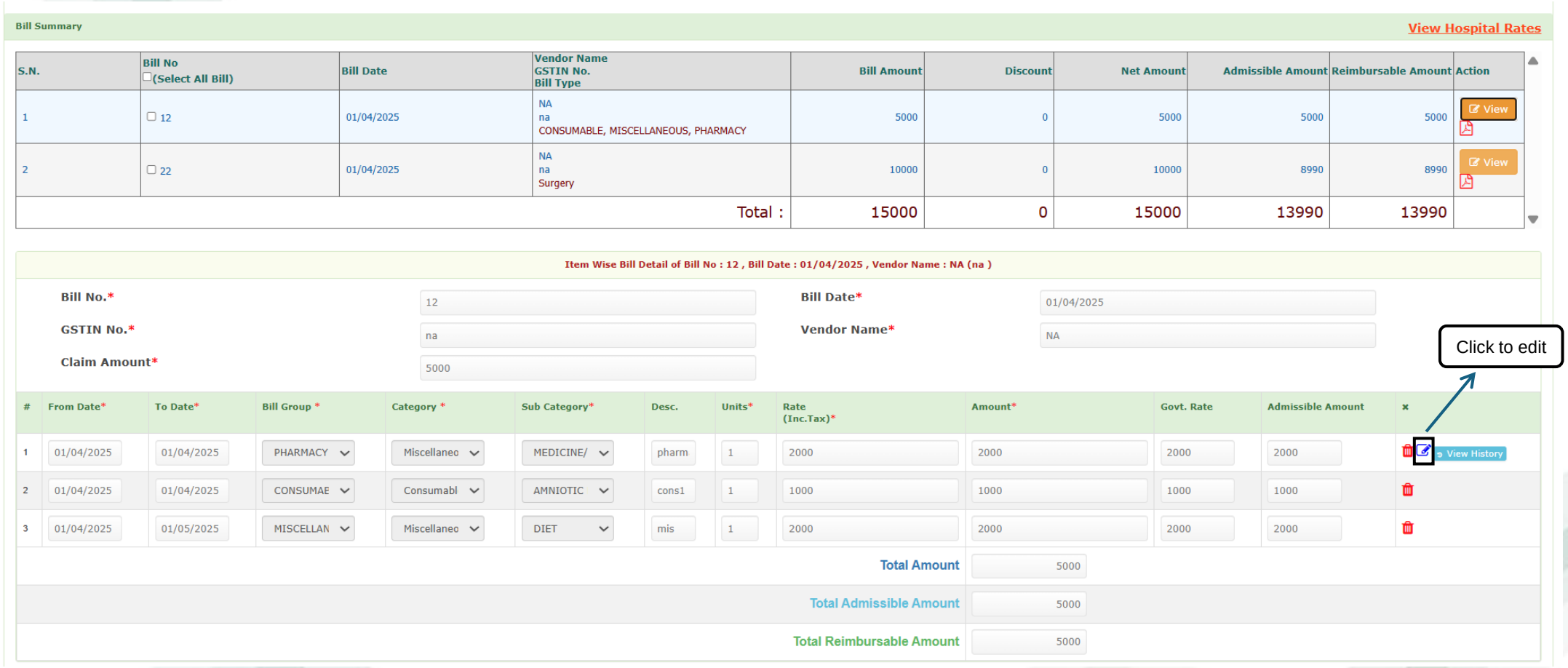
Save as Draft | Forward With in Branch / Office | Send Back | Reset

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)

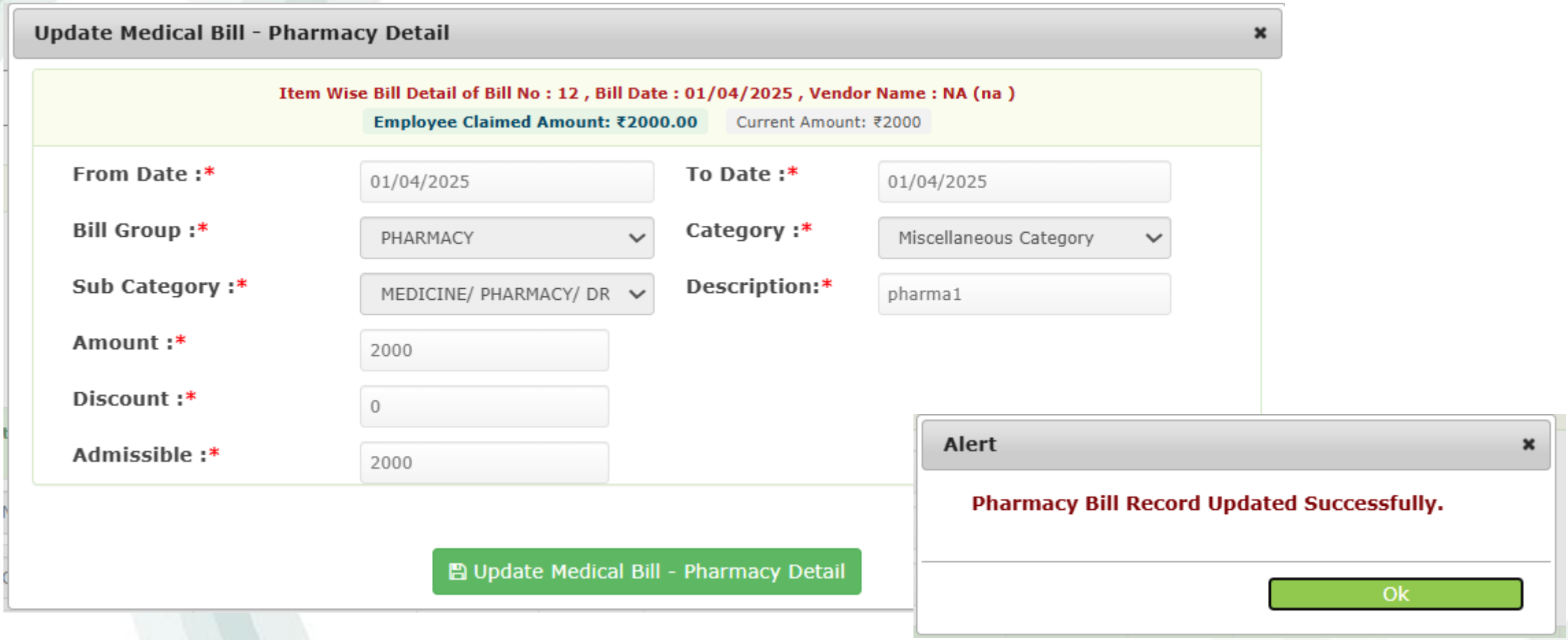
Bill No.* 12 — Bill Date* 01/04/2025

GSTIN No.* na — Vendor Name* NA

Claim Amount* 5000

Click to edit

#	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	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	



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

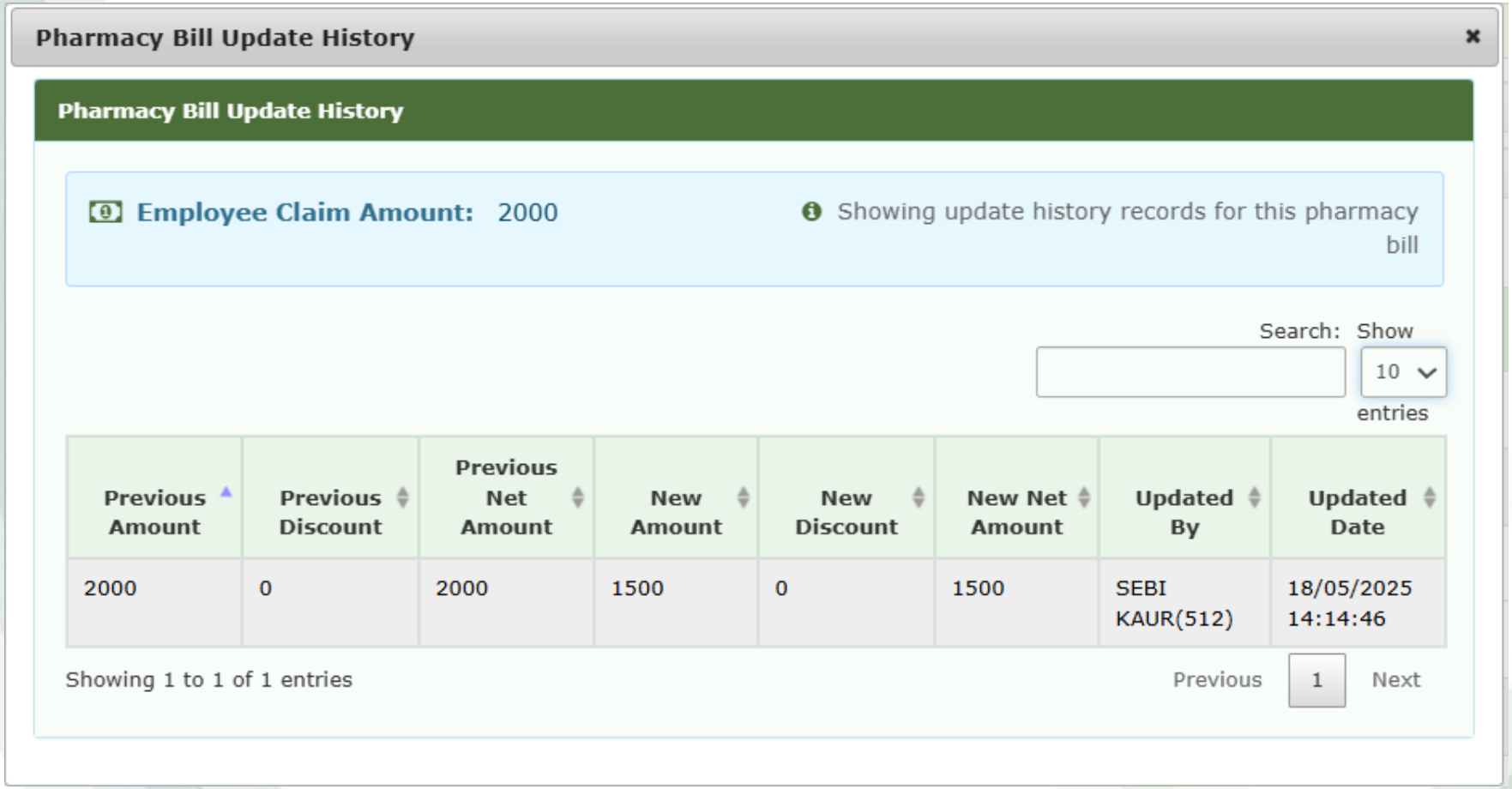
Item Wise Bill Detail of Bill No : 12 , Bill Date : 01/04/2025 , Vendor Name : NA (na)

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



Noting:

next level

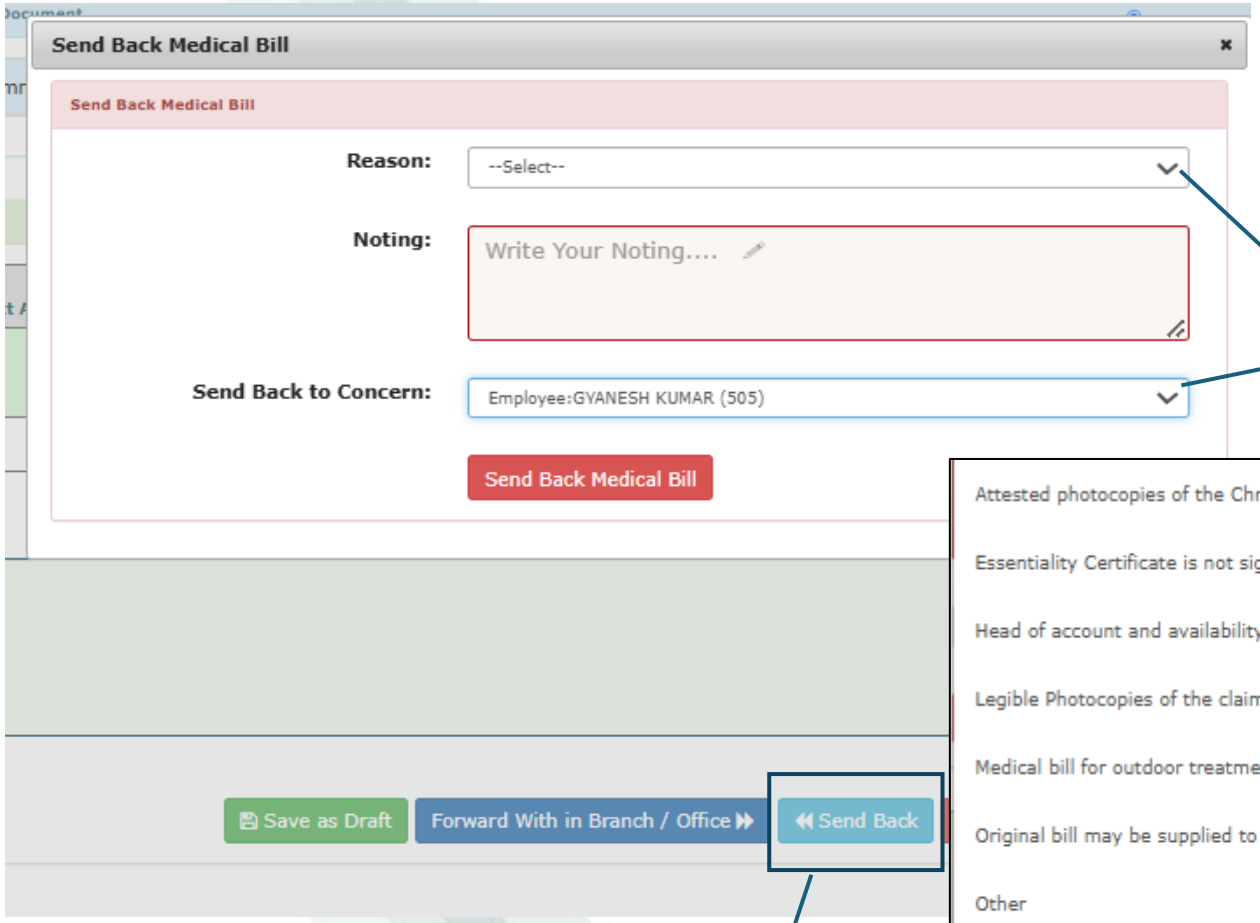
Save as Draft | Forward With in Branch / Office | Send Back | Reset

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



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

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.

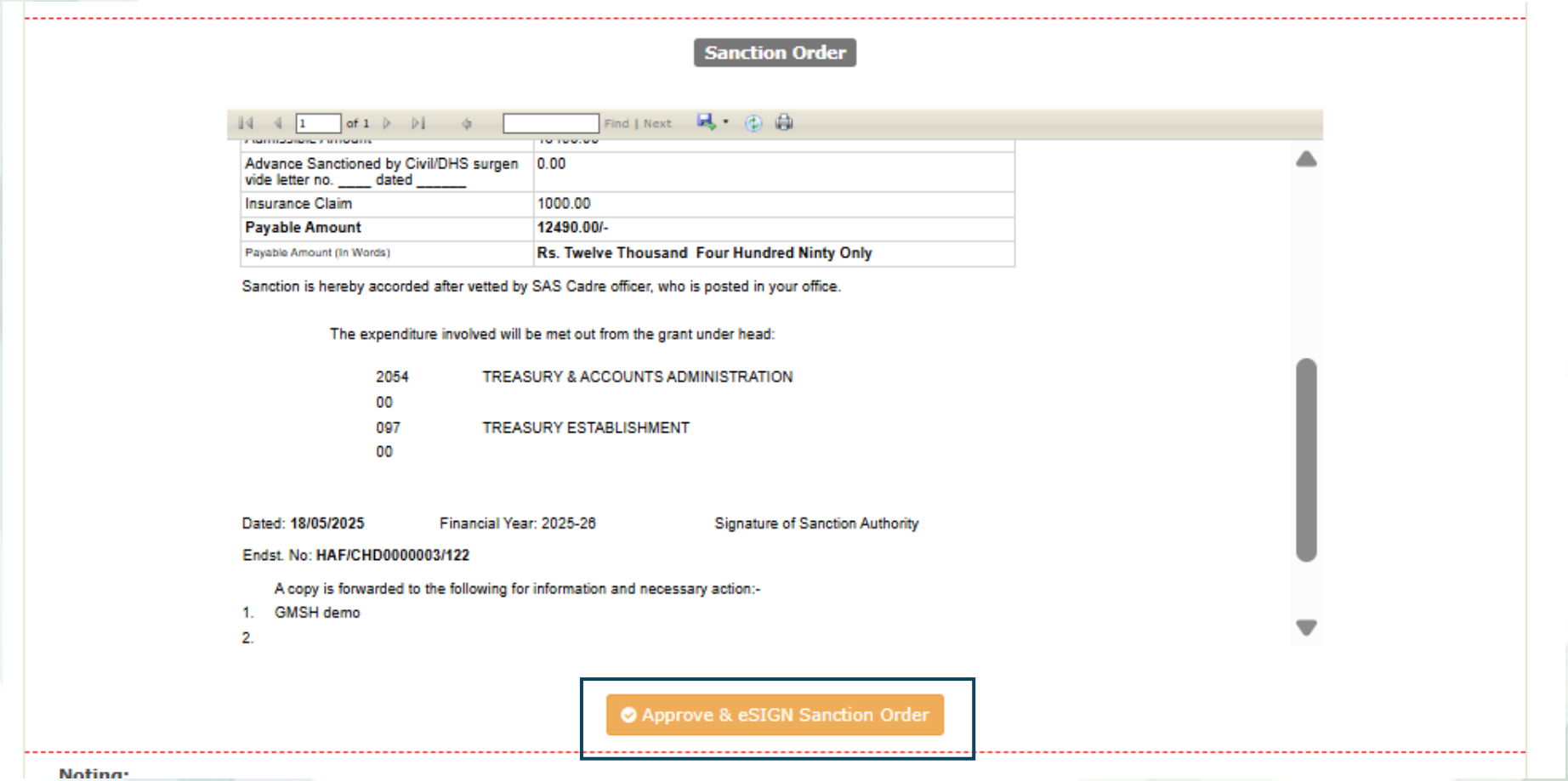
Original bill may be supplied to this office.

Other

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

Click to send back to previous authority

Process Of Approving And Esign Sanction



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. 2/195/94/5HB5/5241-54 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 24-06-2010, 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 surgen	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 applyingsignature(s). I have noobjection 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

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

Ministry of Electronics and Information Technology
Government of India

Digital India
Power To Empower

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

Hastākshar हस्ताक्षर
C-DAC's eSign Service

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.

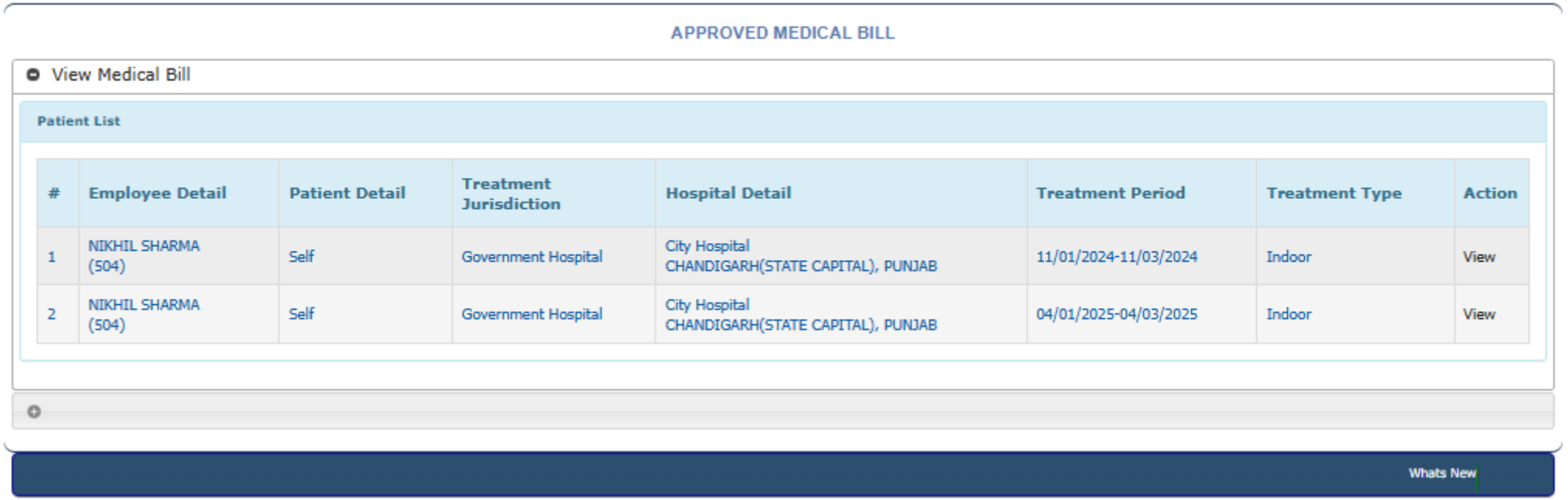
▶ Listen to Consent   English

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 medicines/treatment 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 budget 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:-

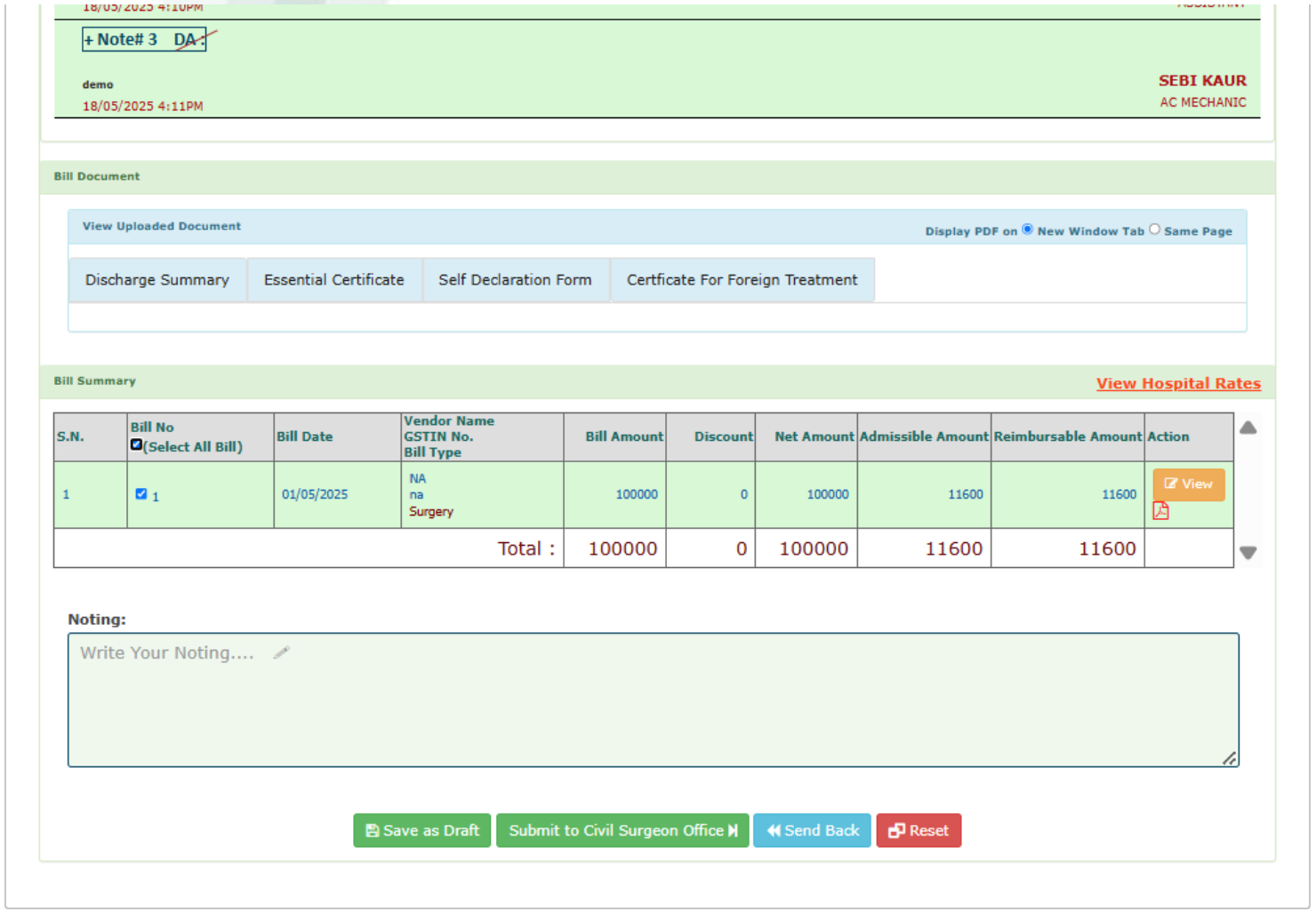
1.
2. The Accountant General (A&E) Punjab, Chandigarh
3. The Accountant General (Audit) Punjab, Chandigarh
4. NIKHIL SHARMA (504), ASSISTANT
5. The Bill Clerk

Sample

Signature Not Verified

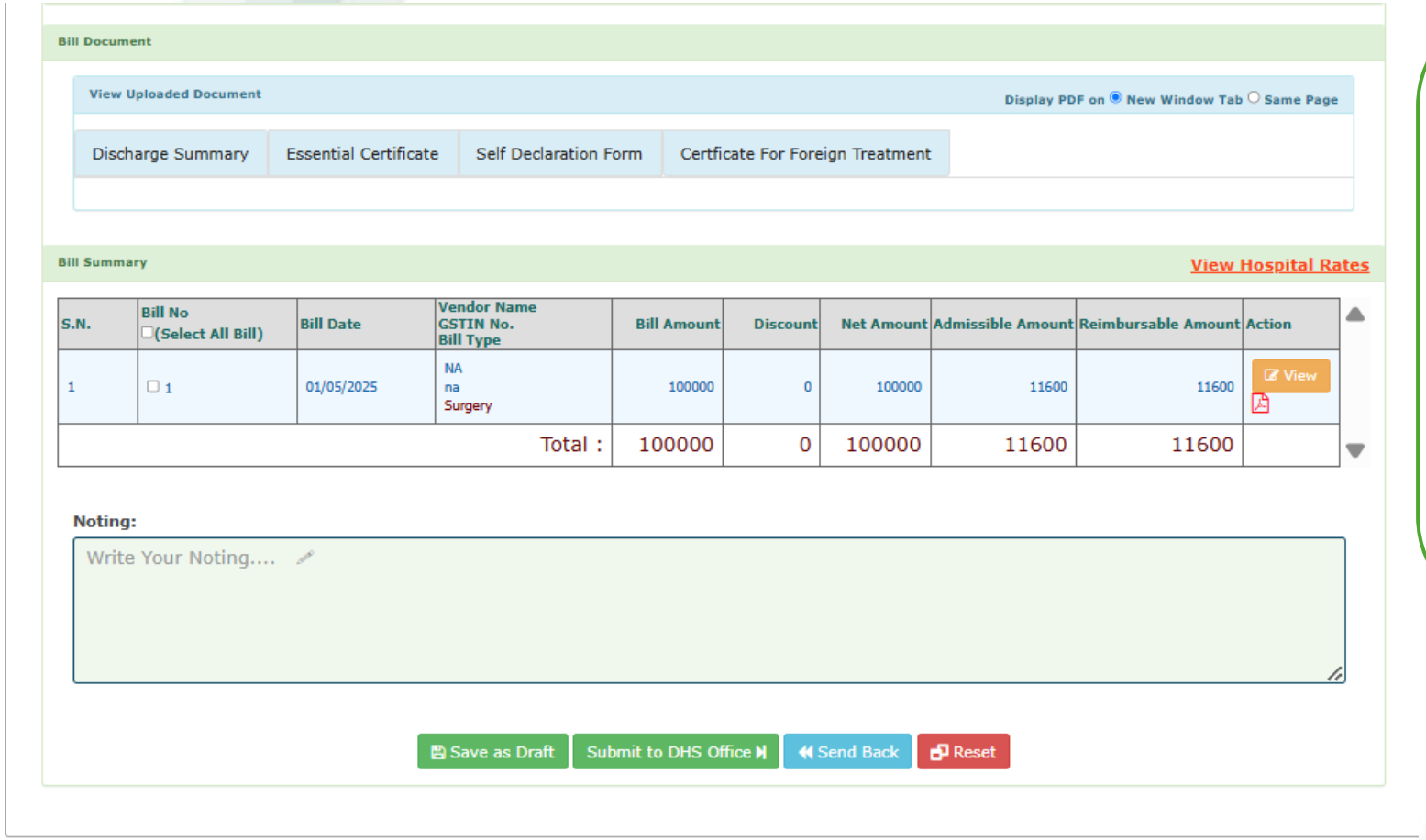
Digitally Signed by LOVEDEEP SINGH(514)
Date: 04-12-2024 16-36-17

Submit Case to CS Office



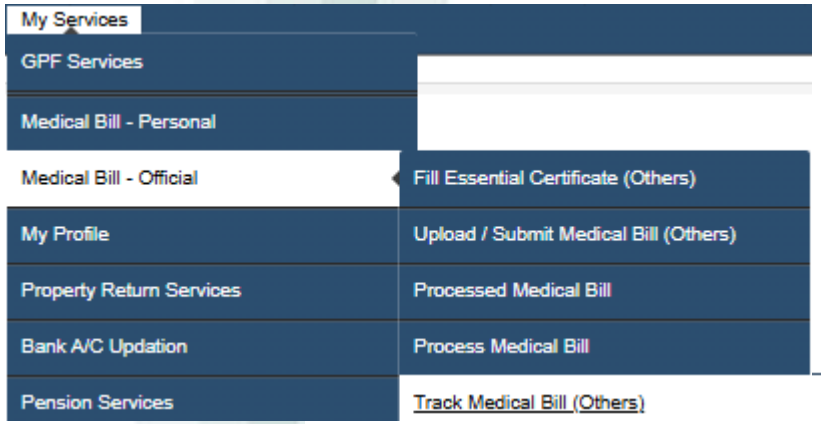
In case DDO is not the approving authority then case will be submitted to next level that civil surgeon level

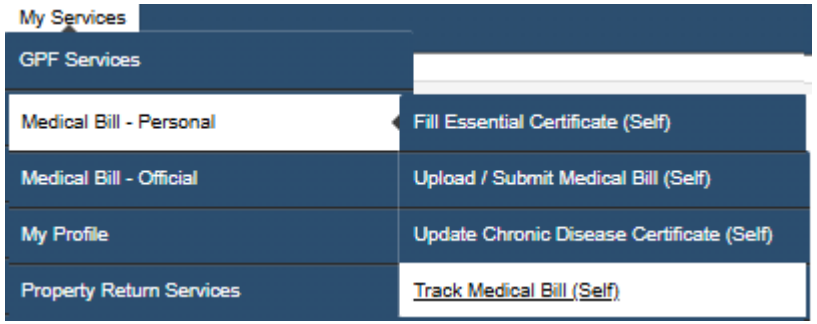
Submit Case to DHS Office (Chandigarh/HQ employee)



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





TRACKING OF MEDICAL BILL

Patient List

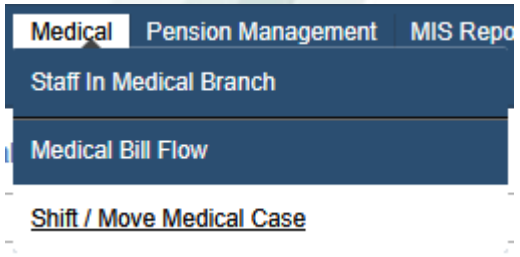
Patient List

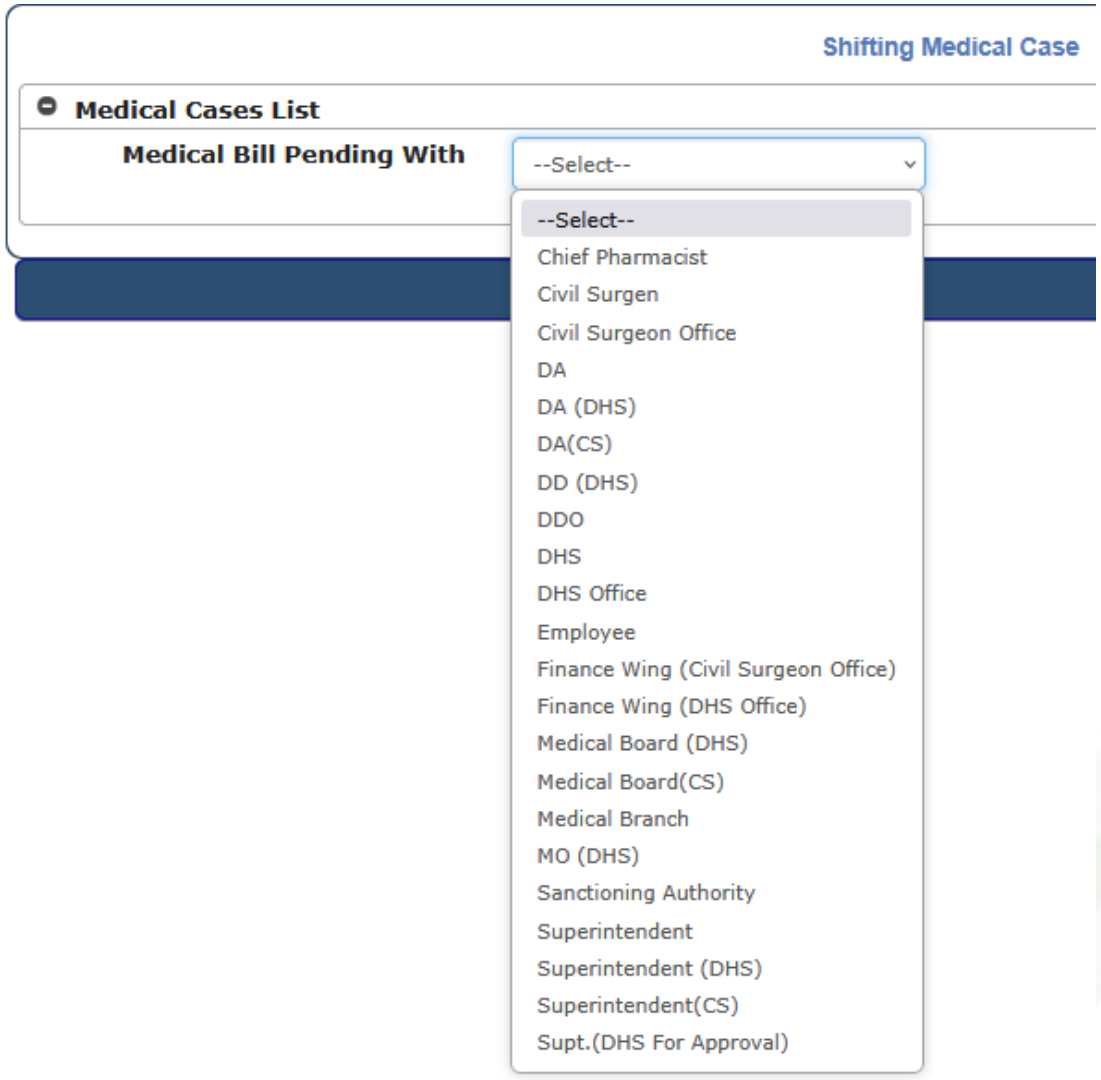
#	Employee Name Designation	Patient Name Case No.	Posting Office	Hospital Name Treatment Jurisdiction	Bill Amount	Diagnosis Treatment Type	Treatment Period	Action
1	GYANESH KUMAR (505) BILL CLERK	GYANESH KUMAR (SELF) [121]	CIVIL SURGEON SAS NAGAR	Max Hospital [Private Hospital (Within State)]	175000	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)





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	Actio
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

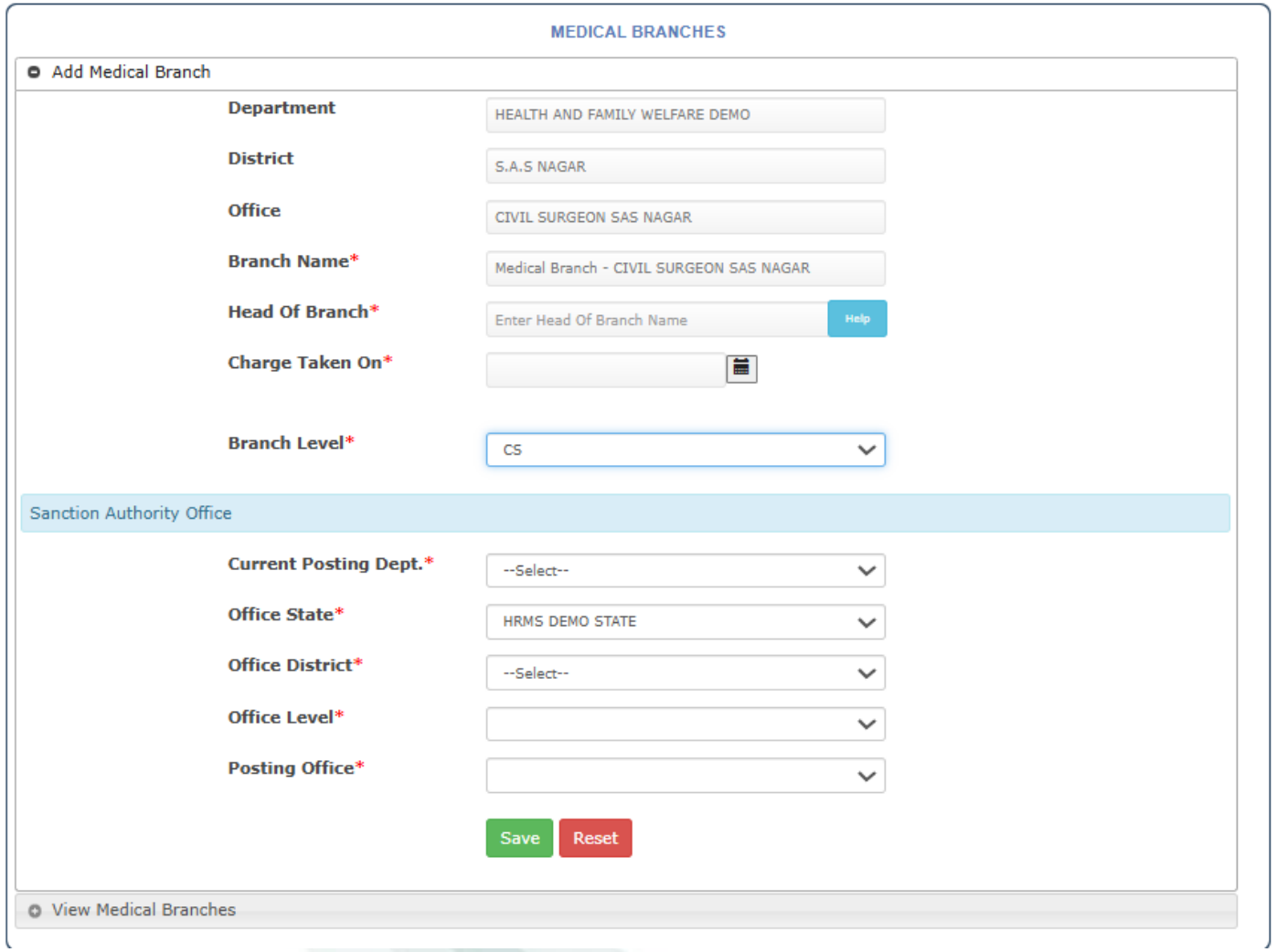
Previous 1 Next

Transfer To Indu Bhardwaj

Update

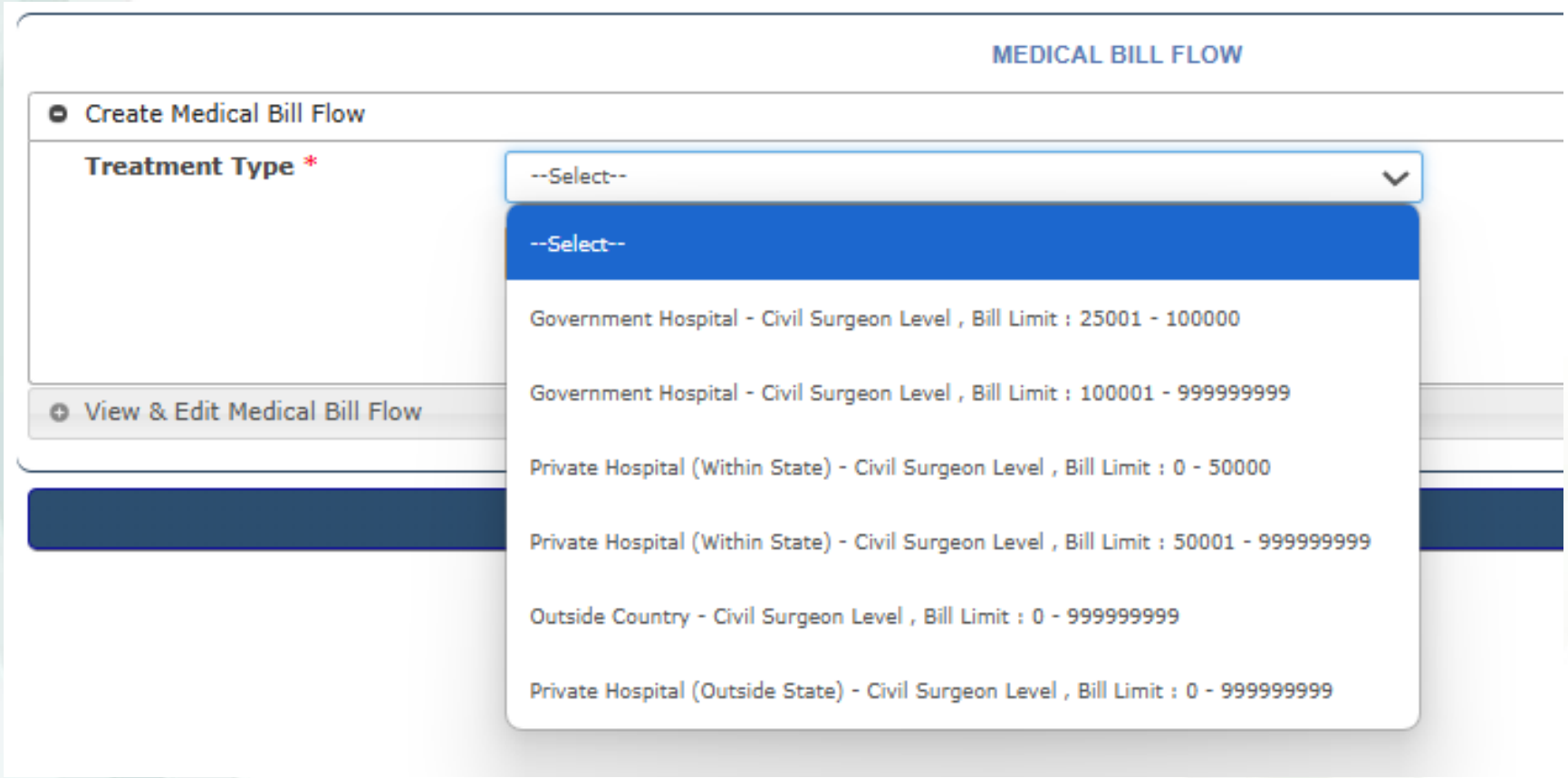
Civil Surgeon Office

Creation of Medical Branch at CS Level



CS will show for offices at civil surgeon level

Medical Bill Flow at CS Level



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	ADD Delete

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

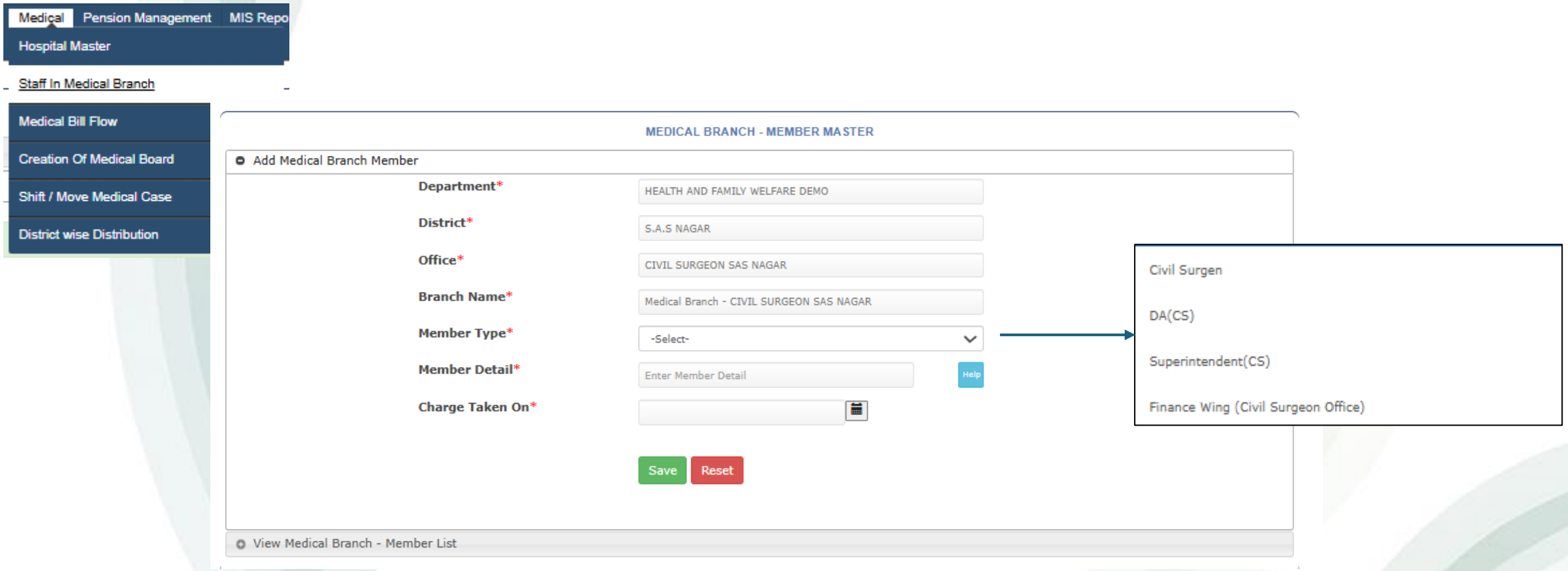
Search: EXCEL PDF CSV PRINT Show 10 entries

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

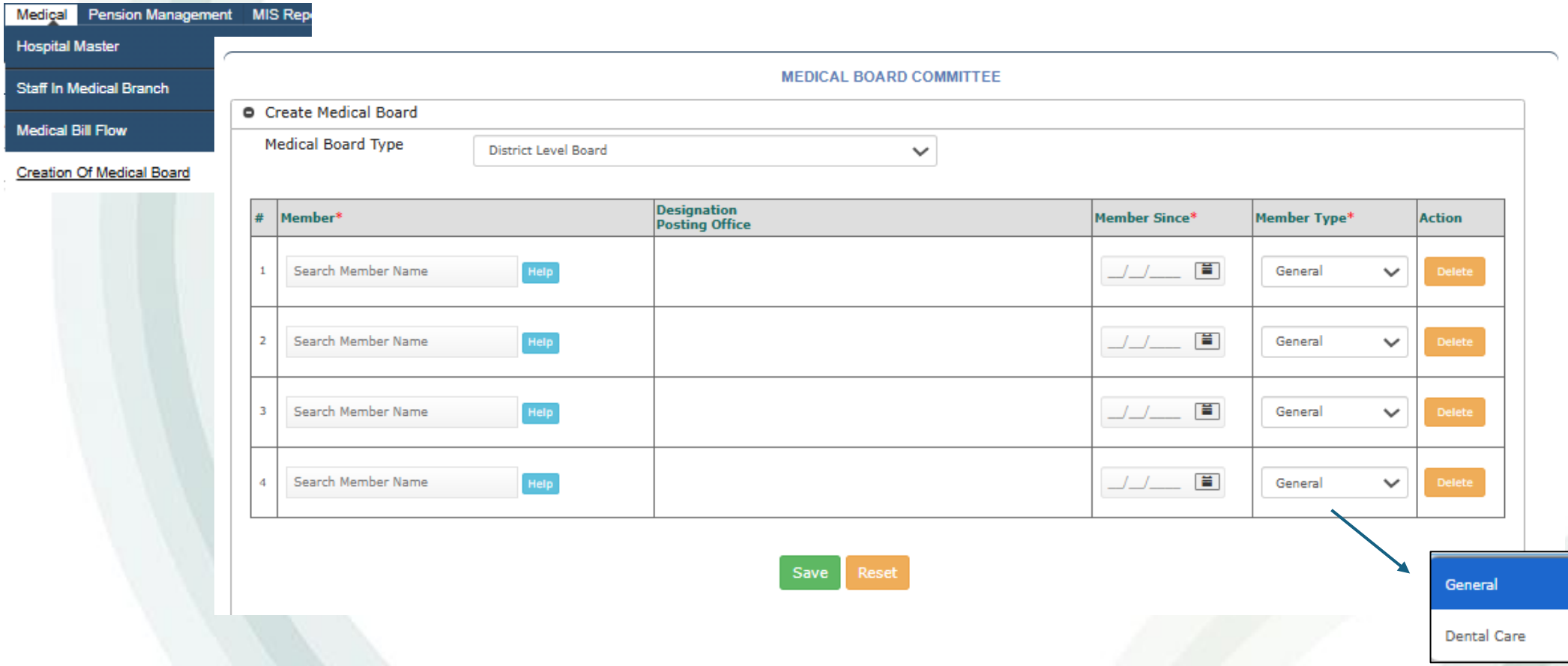
Showing 1 to 2 of 2 entries

Previous 1 Next

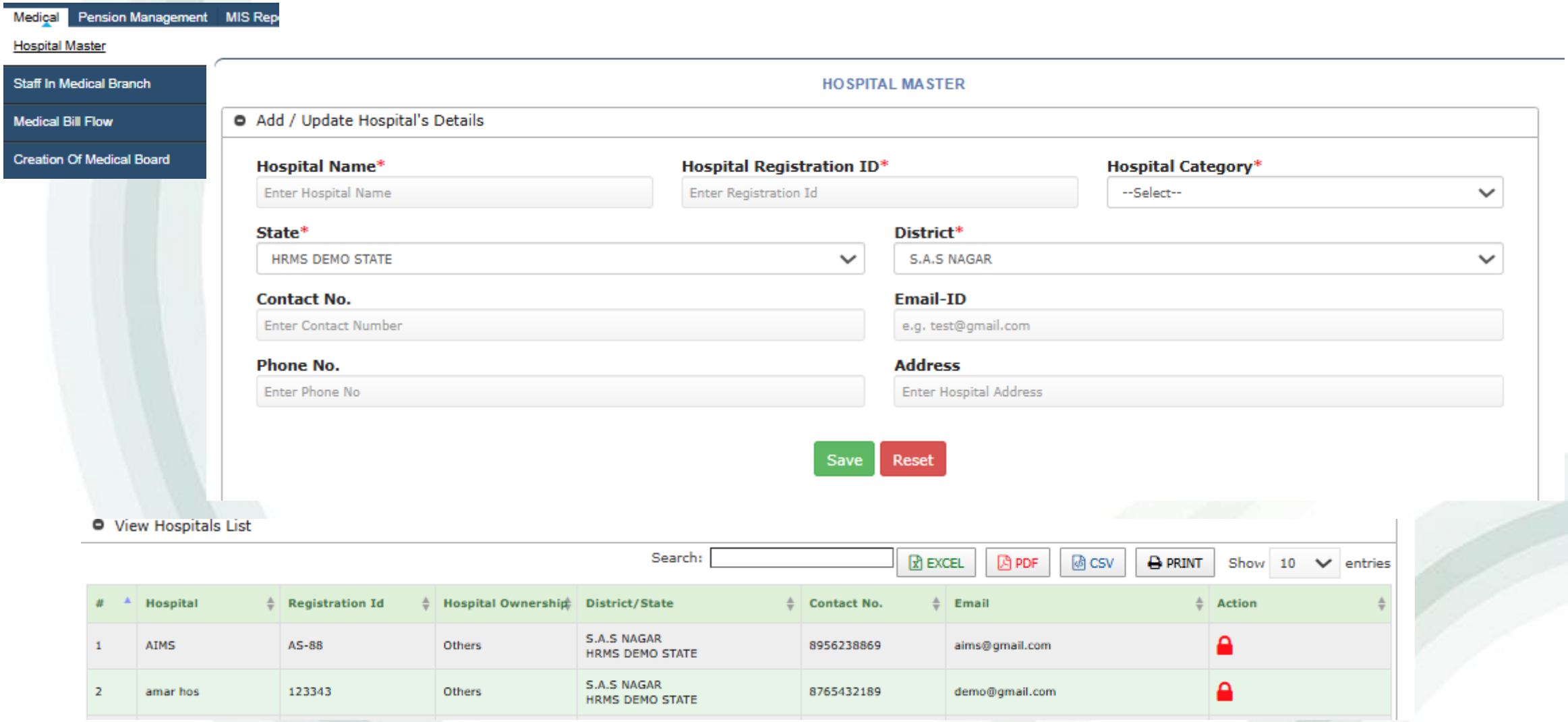
Staff in Medical Branch CS Level



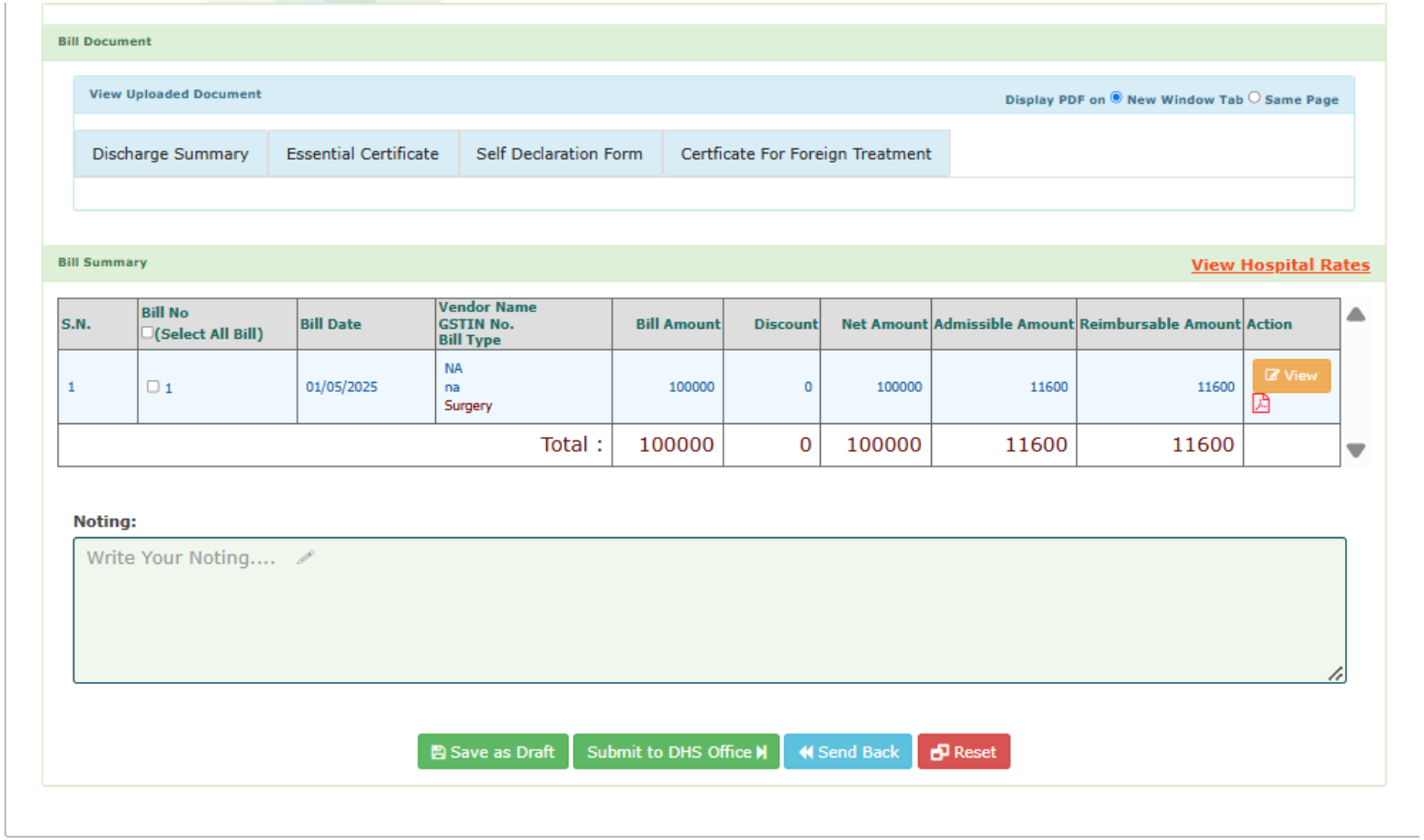
Creation of Medical Board at CS Level



Entry Of Hospitals At CS level

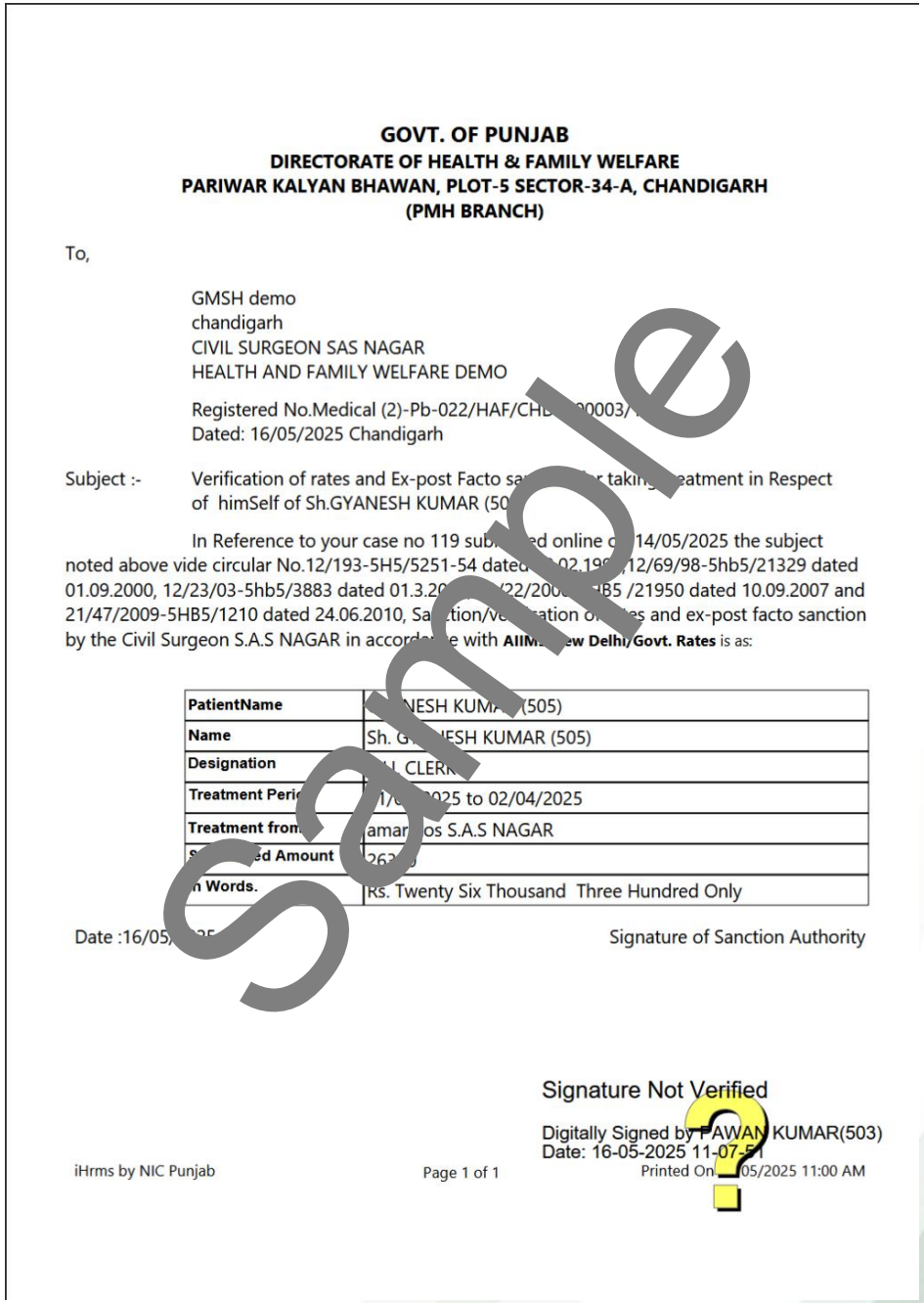


Submit Case to DHS Office



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

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/CHD[illegible]0003/[illegible]
Dated: 16/05/2025 Chandigarh

Subject :- Verification of rates and Ex-post Facto sa[illegible]r taki[illegible]eatment in Respect of himSelf of Sh.GYANESH KUMAR (50[illegible]

In Reference to your case no 119 sub[illegible]ed online d[illegible]14/05/2025 the subject noted above vide circular No.12/193-5H5/5251-54 date[illegible]02.19[illegible],12/69/98-5hb5/21329 dated 01.09.2000, 12/23/03-5hb5/3883 dated 01.3.20[illegible]/22/200[illegible]HB5 /21950 dated 10.09.2007 and 21/47/2009-5HB5/1210 dated 24.06.2010, Sa[illegible]ction/ve[illegible]ation o[illegible]es and ex-post facto sanction by the Civil Surgeon S.A.S NAGAR in accord[illegible]e with **AIIM[illegible]ew Delhi/Govt. Rates** is as:

PatientName	[illegible]NESH KUMA[illegible](505)
Name	Sh. G[illegible]NESH KUMAR (505)
Designation	[illegible]L CLERK
Treatment Peri[illegible]	[illegible]/0[illegible]025 to 02/04/2025
Treatment from	amar[illegible]os S.A.S NAGAR
S[illegible]ed Amount	262[illegible]
[illegible]n Words.	Rs. Twenty Six Thousand Three Hundred Only

Date :16/05/[illegible]25

Signature of Sanction Authority

Signature Not Verified

Digitally Signed by PAWAN KUMAR(503)
Date: 16-05-2025 11:07:51

iHrms by NIC Punjab

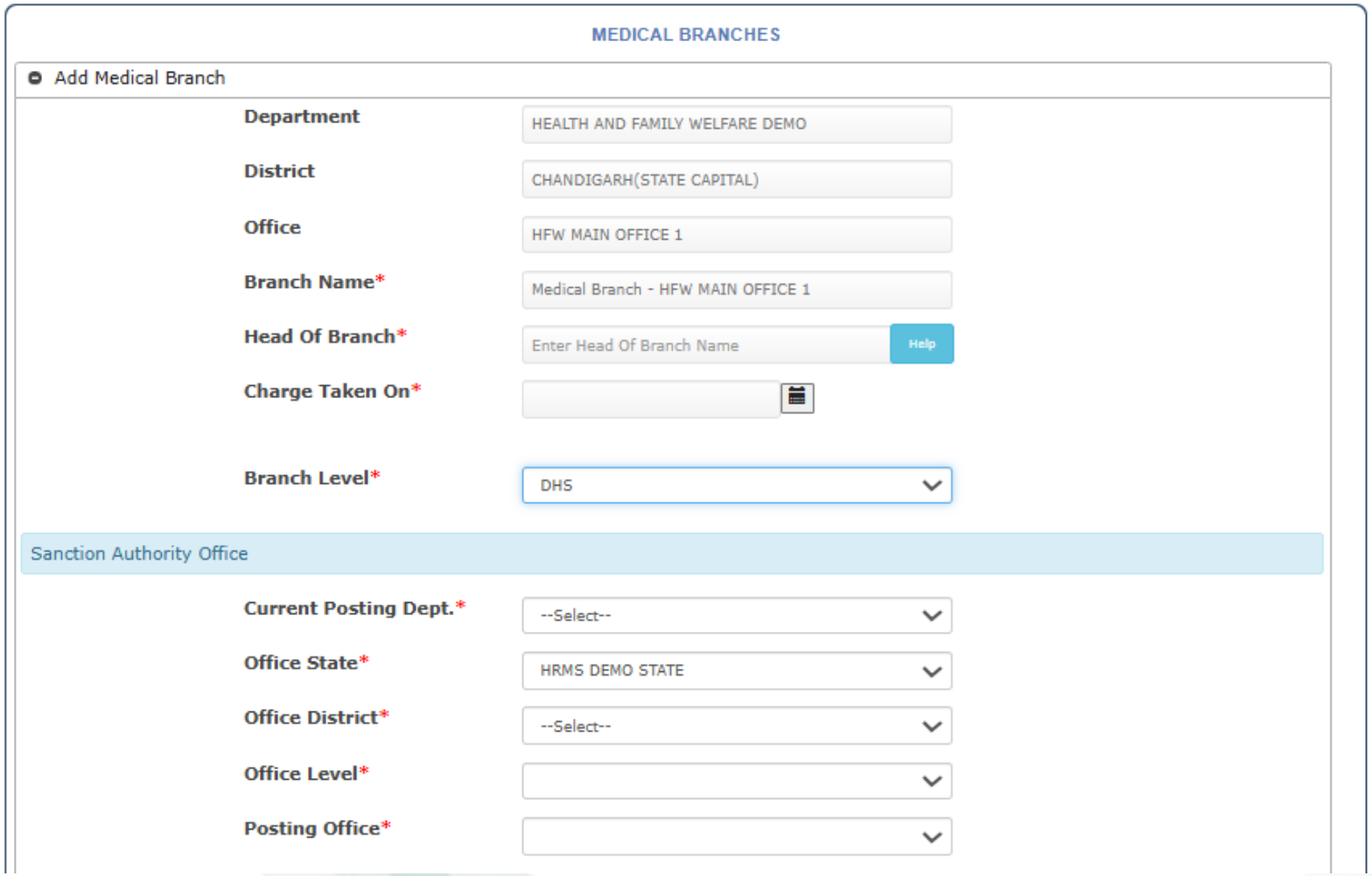
Page 1 of 1

Printed On [illegible]05/2025 11:00 AM

Sample

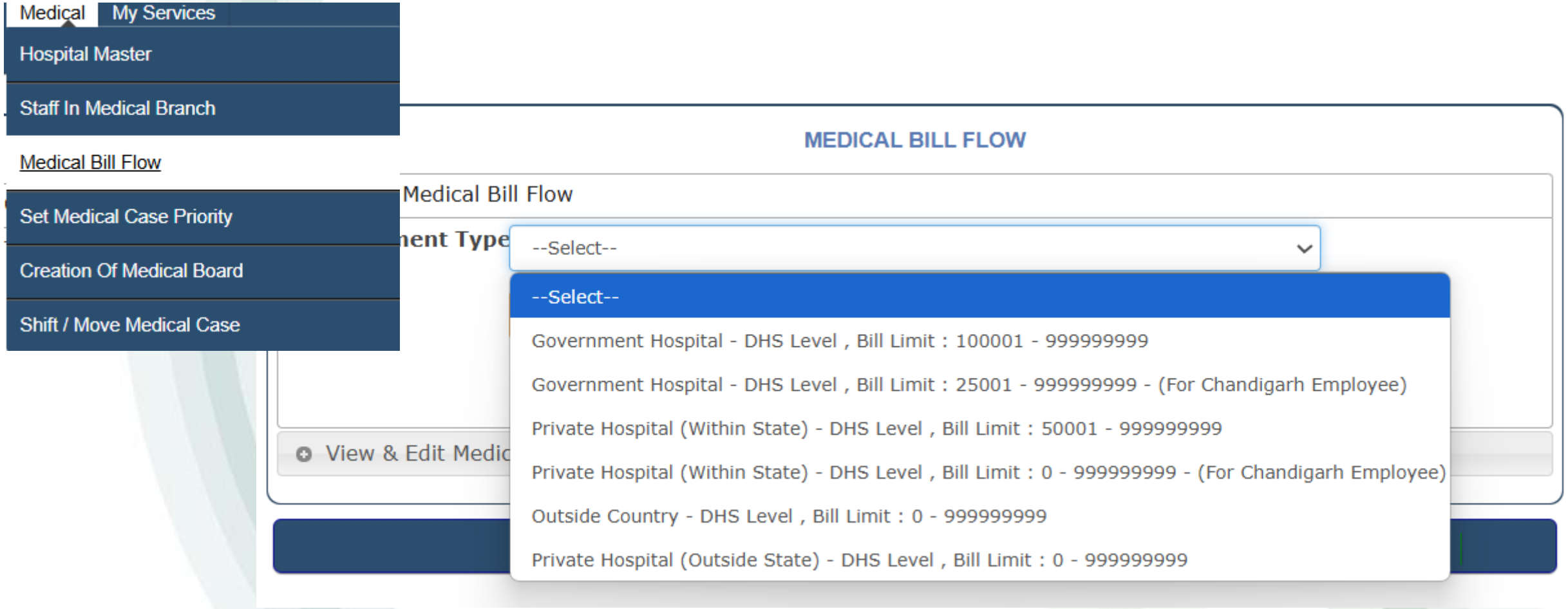
DHS Office

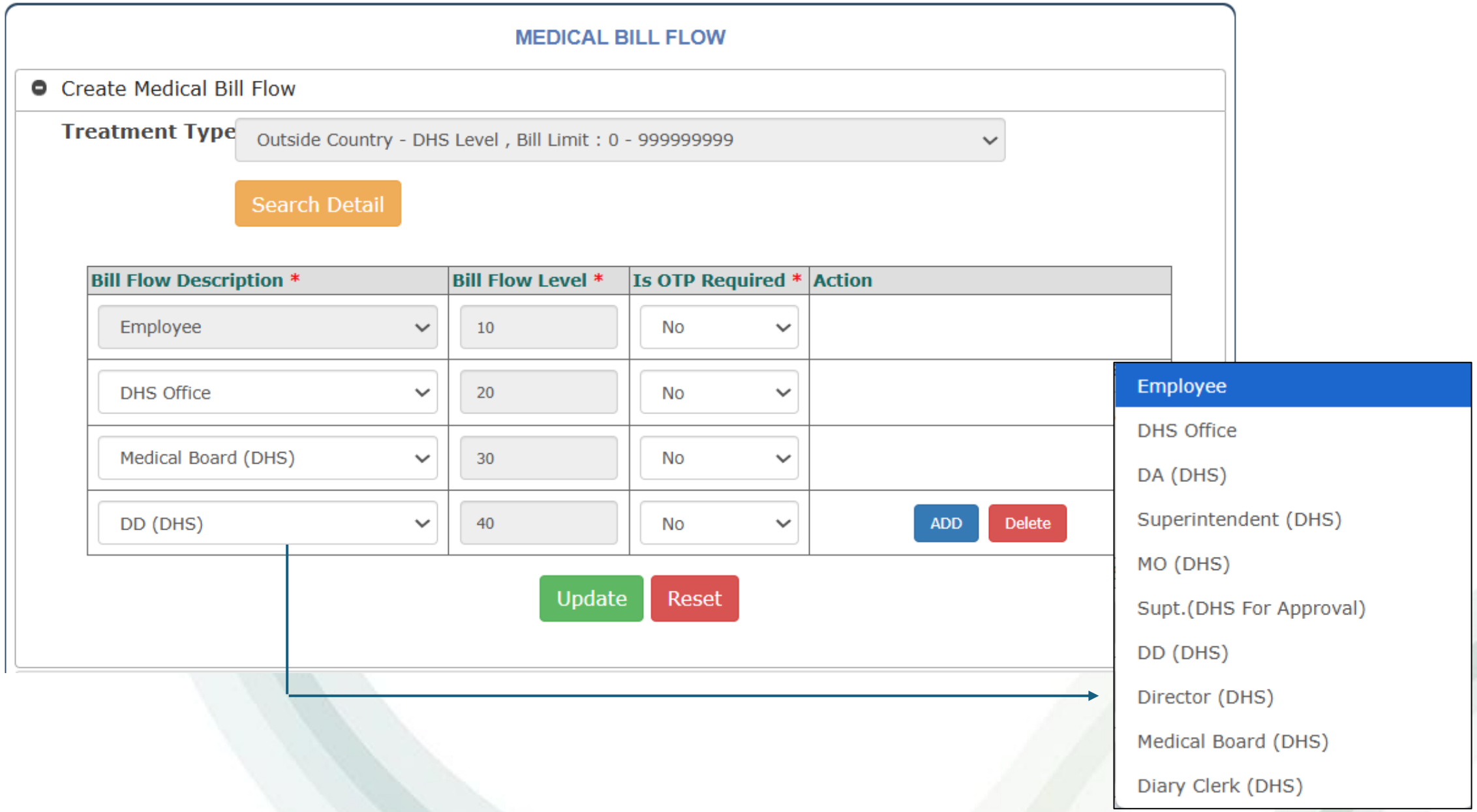
Creation of Medical Branch at DHS Level



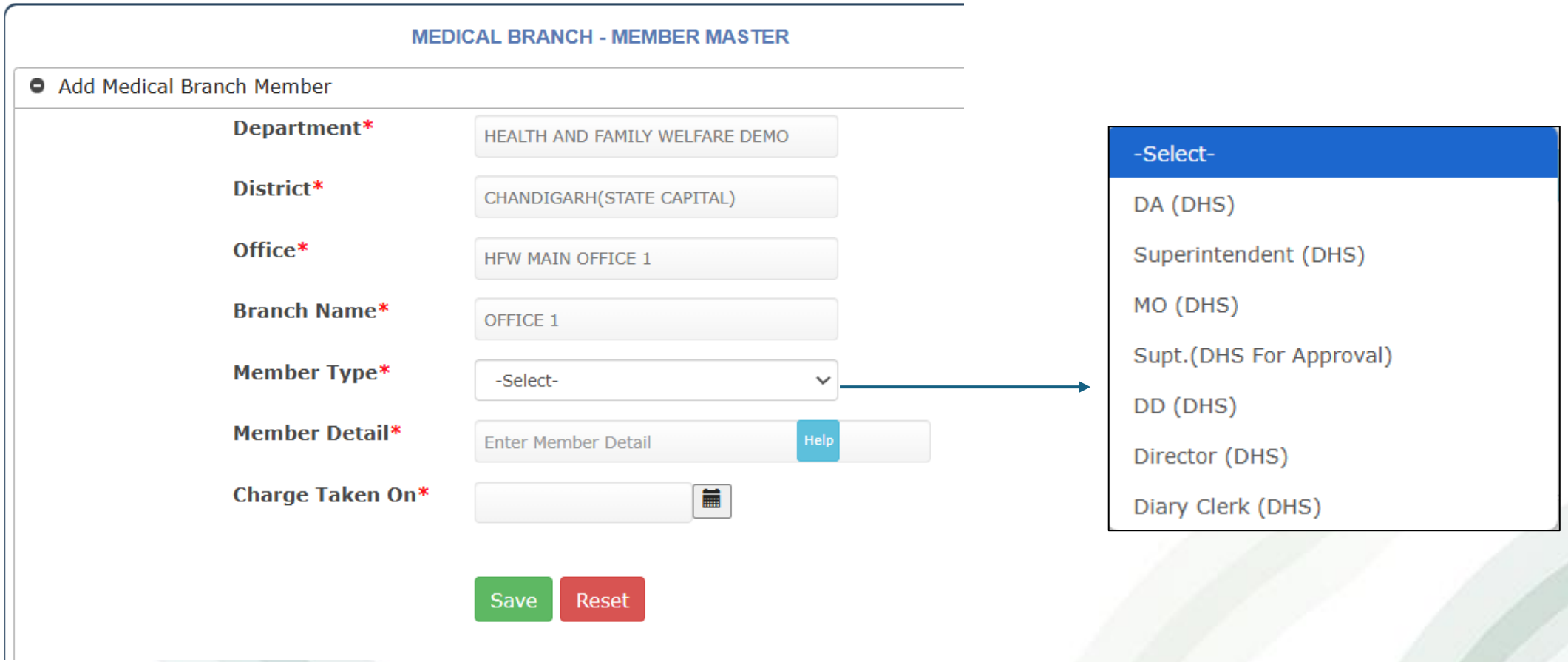
DHS will show for Head Office

Medical bill flow for DHS Office

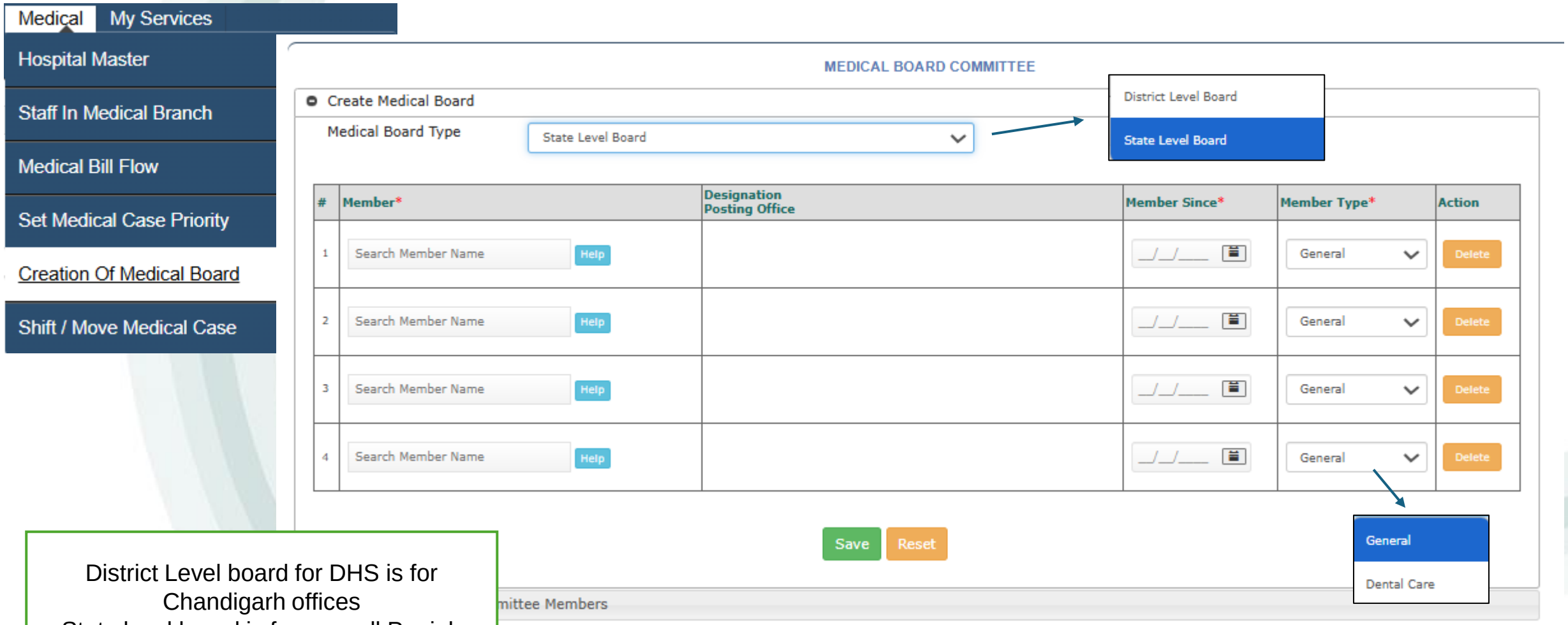



MEDICAL BILL FLOW
Create Medical Bill Flow
Treatment Type
Outside Country - DHS Level , Bill Limit : 0 - 999999999
Search Detail
Bill Flow Description *
Bill Flow Level *
Is OTP Required *
Action
Employee
10
No
DHS Office
20
No
Medical Board (DHS)
30
No
DD (DHS)
40
No
ADD
Delete
Update
Reset
Employee
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



Creation of Medical Board at DHS Level



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

Medical Case Priority (DHS Office)

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/CH[illegible]0116/2[illegible]
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 (12[illegible]18)

In Reference to your case no 238 submitted online on 12/05/2025 the subject noted above vide circular No.12/193-5H5/5251-54 dated 13.0[illegible]3,12/69/98-5hb5/21329 dated 01.09.2000, 12/23/03-5hb5/3883 dated 01.[illegible].20[illegible]12/22/2[illegible]-5HB5 /21950 dated 10.09.2007 and 21/47/2009-5HB5/1210 dated 24.06.2010 Sanction [illegible]rification 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	[illegible]
Name	[illegible]
Designation	SE[illegible]ASSISTANT
Treatment Period	01/0[illegible]2025 to 12/05/2025
[illegible]atment from	G[illegible]ernment Medical College Hospital , Sector-32 CHANDIGARH (STATE CAPITAL)
Claimed [illegible]ount	29000.00 (Insurance amount included:100.00)
[illegible]ble Amou	28500.00
Advance Sanct[illegible]ed by Civil/DHS[illegible]gen	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

Sample

Thank You