



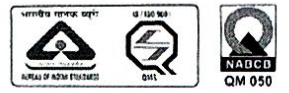
# ASSAM ELECTRICITY GRID CORPORATION LIMITED

OFFICE OF THE MANAGING DIRECTOR

Regd. Office: (FIRST FLOOR), BIJULEE BHAWAN, PALTANBAZAR; GUWAHATI - 781001

CIN: U40101AS2003SGC007238 GSTIN: 18AAFCA4973J9Z3

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आजादी का  
अमृत महोत्सव

No: AEGCL/MD/HR/Medical Adm./09/2020/11

Date: 23/04/2022 .

## CIRCULAR

With a view to facilitate quick disposal of claim for reimbursement of medical expenses, it is informed to all concerned that the request for such claim should fulfil the following conditions and claimant should keep the following in mind before submitting the claims:

1. The claim must be submitted in the form of Essential certificate as per Annexure-I along with the original medical bills, to the concerned office where the claimant is posted, and must be signed by the concerned Doctor/Hospital Authority. Photo copies of medical bills will not be considered for reimbursement.
2. Full Signature of the claimant must be present at the bottom of the Essential certificate.
3. The bills must be supported by the Discharge certificate (in original) from the Hospital concerned.
4. The bills must be countersigned by the Superintendent of the concerned Hospital if the treatment is within the State.
5. In case of dependents of the employee, the Dependency certificate must be countersigned by the concerned CGM/GM/DGM/AGM. The prescribed format is annexed as Annexure-II.
6. The vouchers/cash memos (in original) must be supported by the advice slip of the concerned Doctor/Hospital Authority and duly countersigned by the attending Medical Officer of the concerned hospital.
7. For Out-Patient (OPD) cases to be considered for reimbursement, the same must be prescribed by the MO, AEGCL, either written or via tele/video-consultation. The detailed process for tele/video-consultation shall follow shortly.
8. All medical reimbursement bills are to be invariably submitted within 4 (four) months from the date of discharge from the hospital. In case of any delay, the reasons thereof must be explained in writing.
9. Verification of authenticity of the medical bills and certificates will have to be done by the concerned offices as per the flow chart in Annexure-III. The accountability for the authenticity of the verified documents shall lie with the verifying officers, and they would be liable for forwarding any falsified claims/documents.
10. In case the verifying officers find that the medical bills/certificates are false, then the concerned officer shall lodge an FIR at the nearest police station against that employee and write a letter to the GM (HR)/CGM (HR) intimating him/her about the falsified bill submission.
11. Finally, the verifying officers shall write a verification/forwarding letter and send the applications to HQ for reimbursement, addressed to the GM (HR), AEGCL.

*[Signature]*  
23/04/2022

General Manager (HR) i/c  
AEGCL, Bijulee Bhawan, Guwahati-1

Memo. No. AEGCL/MD/HR/Medical Adm./09/2020/11 (a)

Date: 23/04/2022 .

Copy to:

1. PS to the Chairman, APDCL & AEGCL, for kind information of the Chairman.
2. PS to the Managing Director, AEGCL, for kind information of the MD, AEGCL.
3. All CGMs/GMs/DGMs/AGMs of AEGCL.
4. Medical Officer, AEGCL.
5. Office Copy.

*[Signature]*  
23/04/2022

General Manager (HR) i/c  
AEGCL, Bijulee Bhawan, Guwahati-1



**ASSAM ELECTRICITY GRID CORPORATION LIMITED**

**ESSENTIAL CERTIFICATE**

I certify that Shri/Smti \_\_\_\_\_, an employee of AEGCL was under my treatment for \_\_\_\_\_ disease from \_\_\_\_\_ to \_\_\_\_\_ at the \_\_\_\_\_ Hospital / my consulting room, and the under mentioned medicines/tests are prescribed by me in this connection which are essential for recovery/prevention of the serious deterioration in the condition of the patient. The medicines are not stocked in the hospital for supply to private patient and do not include proprietary preparation for cheaper substance of the equal therapeutic value are not available for preparations which are particularly food, toilets or disinfectants.

**Name of Medicines/Tests**

**Amount**

Seal & Countersignature of Medical Superintendent /  
Director / Head of Hospital section  
(applicable in case of Hospitalization)

Seal, Signature & Designation  
of Authorized Medical attendant

Certified that Shri/Smti \_\_\_\_\_, my son / daughter / father / mother / wife / husband is fully dependent on me. So, the above expenditure may please be reimbursed.

Signature (in full) & Designation of the employee

Name:

Designation:

Office:



**DEPENDENCY CERTIFICATE TO BE SUBMITTED BY EMPLOYEE OF AEGCL  
TO CLAIM BENEFITS OF MEDICAL TREATMENT**

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1. Name and Designation of Employee:
2. Office of the Employee:
3. Full Residential address:
4. Dependent particulars:
  - a) Name:
  - b) Date of Birth:
  - c) Age:
5. Relationship with the Employee:
6. Number of Family members:
7. Source and amount of Income of other Family members:
  - a) Father:
  - b) Mother:
  - c) Son:
  - d) Daughter:
8. Marital Status of Son / Daughter applied for:
9. List of all relevant Enclosures:

**DECLARATION**

I do hereby declare that \_\_\_\_\_ (name of dependent) my \_\_\_\_\_ (relationship) is wholly dependent on me. I also declare that he / she is not an employee under any Government / Public Sector / Private job / self-employed and is / was neither a Pensioner nor Family Pensioner. I hereby declare that the statements made in the application are true to the best of my knowledge and belief.

Signature of Employee

CGM / GM / DGM

Assistant General Manager

Resident Engineer

**MEDICAL REIMBURSEMENT CLAIM SETTLEMENT PROCESS FLOWCHART OF AEGCL  
TO CLAIM BENEFITS OF MEDICAL TREATMENT**

**1. Submission of Bills:**

Employee to submit the medical reimbursement application along with Essential Certificate, Dependency certificate (if required), Original Discharge certificate (in case of hospitalization), original bills/receipts etc. to the concerned Office where he/she is posted as shown below:

Office	Controlling Officer
GSS and Division	AGM of the Division
Circle	DGM of the Circle
Zone	GM of the Zone
SLDC	CGM, SLDC
P&E	GM, P&E
HQ	GM (HR)/CGM(HR)

**2. Verification of Bills:**

Verification of authenticity of the medical bills and certificates shall then be done by the following offices before forwarding it to HQ for reimbursement:

Office	Responsibility for verification
GSS, Division and Circle	DGM of the Circle
Zone	GM of the Zone
SLDC	CGM, SLDC
P&E	GM (HR)/CGM(HR)
HQ	GM (HR)/CGM(HR)

The accountability for the authenticity of the verified documents shall lie with the verifying officers, and they would be liable for forwarding any falsified claims/documents.

In case the verifying officers find that the medical bills/certificates are false, then the concerned officer shall lodge an FIR at the nearest police station against that employee and write a letter to the GM (HR)/CGM (HR) intimating him/her about the falsified bill submission.

**3. Forwarding the bills to HQ:**

The verifying officers shall then write a verification/forwarding letter, clearly mentioning the verification status of the bills, and send the applications to HQ for reimbursement.

The HR Wing in HQ shall delegate a manpower from the ministerial cadre for receiving and processing of the applications.

Upon receipt of a verified application from the concerned office, the HR Wing shall endorse it to the MO, AEGCL, who shall give her views/comments on the admissibility of the bills.

The file shall then be endorsed to the F&A Wing, AEGCL for checking and verification of the admissible/inadmissible amount in the bills, referring to the AEGCL approved rate list.

The HR Wing shall then prepare an agenda for placing in the MRC for recommendation and approval of the claimed amount.

After approval from the MRC, the HR Wing shall issue an Order for releasing the payment.