DELHI DEVELOPMENT AUTHORITY
MEDICAL CELL, G-BLOCK (FORMERLY KNOWN AS PRESS BUILDING) FIRST FLOOR, VIKAS SADAN
I.N.A., NEW DELHI – 110023

Azadi Ka Amrit Mahotsav

No. F1(Misc Letters)/2025-26/MC-I/[redacted]/II/III/387

Dated: 24/06/2026.

To
The Dy. Director (System)
DDA, Vikas Sadan,
New Delhi

DY. DIRECTOR (SYSTEMS)-VII
DIARY No. 668
DATE 25/06/2026

Sub: Uploading of medical claim form along with guidelines on DDA website

Sir,

This is with reference to above mentioned subject, as per approval of CAO/DDA on 17.06.2026, an application form for submitting claim for SPL Chronic disease/Post-Operative along with Guidelines and both English and Hindi checklist (copy attached) needs to be uploaded on the website of DDA for wider circulation.

24/6/26
Sr. AO(Medical Cell)

वरिष्ठ लेखा अधिकारी
Sr. Accounts Officer
चिकित्सा विभाग / Medical Cell
दिल्ली विकास प्राधिकरण
Delhi Development Authority

29/6/26
AD(S)
29/6/26.
Sr. Rev, Engineer

Revised Performa

DELHI DEVEOPMENT AUTHORITY

Application form for submitting claim for SPL Chronic disease / Post-Operative

Working Staff/Pensioner

UID/PPO No._____

1. Medical Card No.
2. Name of Pensioner/Family Pensioner/official
3. Name of SPL Chronic disease
   OR
   Specify the operation (for Post-Operative)
4. Name of Hospital
5. Period of Medicine Claimed:
   a) Previous Claim _____ to
   _____on_____
   b) This Claim _____ to _____
6. Amount of claim*

*Attachments:

- Doctor's Prescription
- Statement of Vouchers, Original Cash Memo

Certificate/Undertaking

1. I undertake that medicines claimed are exclusively for the treatment of special disease mentioned above only (In case of diabetes disease occurred with diabetes as ancillary)
2. I undertake that the quantity of medicines purchased as is in accordance with the prescription.
3. It is certified the all medicines purchased before this claim have been consumed by me in accordance with prescription.
4. Doctor's certificate (Essentiality certificate) is appended.
5. I also undertake that I will, without any demur, refund for with to DDA, the amount, if any found inadmissible on detailed scrutiny/audit subsequently.
6. I am liable to face any action including disciplinary action for false/inadmissible claim, if any taken by DDA.

Please, make payment through my following bank account

Bank A/c No._____

Bank Name_____ IFSC Code_____

Signature:_____

Name: _____

Phone: _____

Address: _____

DELHI DEVEOPMENT AUTHORITY

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Please, make payment through my following bank account

Bank A/c No._____

Bank Name_____ IFSC Code_____

Signature:_____

Name: _____

Phone: _____

Address: _____

Medical Reimbursement Claim Check List of chronic/post-operative claims

S. No.	Document	Yes/No	Page No.
1.	Medical Reimbursement Claim Form	☐ Yes ☐ No	
2.	Doctor's Prescription (signed & stamped)	☐ Yes ☐ No	
3.	Original Bills of Medicines/Lab (signed & stamped)	☐ Yes ☐ No	
4.	Online payment proof (for single bills exceeding ₹10,000)	☐ Yes ☐ No	
5.	Copy of Discharge Summary (in case of post-operative treatment)	☐ Yes ☐ No	
6.	Copy of Medical Card	☐ Yes ☐ No	
7.	Copy of Payslip (In case of serving employees)	☐ Yes ☐ No	
8.	ID proof (in case documents is submitted by beneficiary/ dependents.	☐ Yes ☐ No	
9.	Miscellaneous Documents 9.1 _____ 9.2 _____ 9.3 _____ 9.4 _____ 9.5 _____ 9.6 _____ 9.7 _____ 9.8 _____ 9.9 _____		

Details/ Statement of all Vouchers of SPL Chronic disease/ Post-Operative Claim for Rs. _____

Sr. No.	Date	Cash Memo/ Receipt No.	Name of Doctore/Hospital/Lab	Amount

(Signature of the claimant)

Name_____

मेडिकल रीइंबर्समेंट क्लेम चेक लिस्ट क्रोनिक/पोस्ट-ऑपरेटिव क्लेम की

क्रम संख्या	दस्तावेज़	हां नहीं	पृष्ठ सं.
1.	चिकित्सा प्रतिपूर्ति दावा प्रपत्र	☐ हाँ ☐ नहीं	
2.	डॉक्टर का प्रिस्क्रिप्शन (हस्ताक्षर एवं मोहर सहित)	☐ हाँ ☐ नहीं	
3.	दवाइयों/लैब की मूल रसीदें (हस्ताक्षर एवं मोहर सहित)	☐ हाँ ☐ नहीं	
4.	ऑनलाइन भुगतान का प्रमाण (₹10,000 से अधिक की एकल रसीद के लिए)	☐ हाँ ☐ नहीं	
5.	डिस्चार्ज समरी की कॉपी (ऑपरेशन के बाद इलाज के मामले में)	☐ हाँ ☐ नहीं	
6.	मेडिकल कार्ड की प्रति	☐ हाँ ☐ नहीं	
7.	वेतन पर्ची की प्रति (सेवारत कर्मचारियों के लिए)	☐ हाँ ☐ नहीं	
8.	पहचान पत्र (यदि दस्तावेज़ लाभार्थी/आश्रित द्वारा जमा किए जाएँ)	☐ हाँ ☐ नहीं	
9.	अन्य दस्तावेज़ 9.1 _____ 9.2 _____ 9.3 _____ 9.4 _____ 9.5 _____ 9.6 _____ 9.7 _____ 9.8 _____ 9.9 _____		

दीर्घकालिक बीमारी / ऑपरेशन पश्चात दावे के सभी वाउचर का विवरण / विवरणिका (राशि ₹ _____)

क्रम संख्या	तारीख	कैश मेमो/रसीद नंबर	डॉक्टर /अस्पताल/लैब का नाम	राशि

(हस्ताक्षर का दावा करने वाला)

नाम_____

Guideline for Medical Reimbursement Claim in Chronic/ Post-operative cases

1. All the entries in Medical Reimbursement Claim Form should be completed. Any column not applicable to be written NA.
2. All the column of Medical Reimbursement Claim Check List of chronic/post-operative claims should be completed.
3. The treatment must be taken from a DDA-empanelled hospital or a Government Hospital.
   In case of pensioner/ family pensioner who settled outside Delhi/NCR, the hospital must be under CGHS (only for chronic section/post-operative).
4. All documents must be self-attested. If attested by someone else(Dependent), attach the ID proof of the attesting person.
5. Attach a copy of the DDA Medical Card of the beneficiary.
6. Current Pay Slip in case of serving employees.
7. The doctor's prescription is valid for the period prescribed by the doctor.
8. Submit the original Doctor prescription issued by the treating doctor. If only a photocopy is submitted, attach the consultation fee receipt or provide a remark explaining the same.
9. Doctor's prescription must be signed and stamped by concerned doctor.
10. Doctor consultation is reimbursable once in a quarter, only if taken from an empanelled or Government hospital.
11. In new CGHS Rates, Doctor consultant fees are as under-

S.NO.	Type of Consultation	Payable Fee (₹)
1.	OPD – Specialist	₹350
2.	OPD – Super Specialist (DM/MCh)	₹700
3.	OPD – Psychiatry (All hospitals)	₹700

12. Bills must be computerised and must clearly mention the GST Number and other relevant details.
13. Single Bills exceeding ₹10,000 must be supported with proof of online payment.
14. Only bills for the last six months will be considered.
15. An undertaking must be submitted if the dependent is other than the spouse.
16. Only basic medicines directly related to the chronic disease are reimbursable. Items like Painkillers, supplements, acidic/mineral preparations, vitamins, multivitamins, etc. are not reimbursable.
17. Test charges will be reimbursed once in a year. Tests must be related to the chronic disease, prescribed by an empanelled or Government hospital, and conducted from a panel laboratory.
18. In case of post-operative claims, a copy of the discharge summary from the hospital must be enclosed along with other documents.
19. In case of osteoporosis claims, Dexa Scan Report is must be enclosed along with other documents where The T-Score is less than -2.5 at lumbar spine, femur neck and total hip.
20. Claims pertaining to Ayurveda, Yoga and Naturopathy not covered under Chronic/ Post-operative. These claims are reimbursable in OPD only.

Reference: -

- DDA F&E Circular No. 01/2024 dated 11.01.2024
- DDA F&E Circular No. 13/2019 dated 14.06.2019
- DDA F&E Circular No. 14/2023 dated 21.07.2023
- DDA F&E Circular No. 25/2023 dated 06.12.2023
- DDA Circular No. F1(Misc.)2018/TPA/MC-I/380 dated 03.06.2020
- DDA F&E Circular No. 08 dated 22.05.2024