



श्री वेंकटेश्वर महाविद्यालय  
श्री वेंकटेश्वर महाविद्यालय  
Sri Venkateswara College  
(दिल्ली विश्वविद्यालय)  
University of Delhi



प्रोफेसर वज्जला रवि  
प्राचार्य

Prof Vajala Ravi  
Principal

Ref No : SVC/AO/2026/P/33

16th February, 2026

कार्यालय आदेश/ Office Order

**Subject :- Issuance of Acknowledgement Receipt for submission of Medical Bills for Reimbursement**

Ms Roma Tiwari, Junior Assistant (Accounts Section) is directed to ensure that an official acknowledgment receipt in the prescribed format (as per attachment) is issued to every employee/retired employee immediately upon the submission of their medical bills. This practice is being implemented to maintain a transparent tracking system for the medical claims and to provide employees with necessary proof of submission. **Moving forward, no medical bill(s) should be accepted without providing the claimant a signed confirmation of receipt(s).**

**It may clearly be noted that Mr Manoj Kumar, MTS, working with the Accounts Section is authorized to issue the receipt, in question, only in the absence of Ms Roma Tiwari.**

All concerned are requested to note the above procedure for immediate information and compliance. Active cooperation of everyone in streamlining this process and reducing documentation disputes shall highly be appreciated.

**Encl :- As above.**

  
प्रचार्य  
Principal  
श्री वेंकटेश्वर महाविद्यालय  
Sri Venkateswara College  
धौला कुआँ, नई दिल्ली / Dhaula Kuan, New Delhi-21

Copy forwarded for information and necessary action to the Teacher-in-Charge/Coordinators of the respective departments, Section Officers (Accounts & Administration); Dealing Assistants/Hands (Accounts, Administration & Establishment), Principal's office, All Concerned, Staff Notice Board, College Website; and File.

  
16/02/26  
प्रशासनिक अधिकारी  
Administrative Officer  
श्री वेंकटेश्वर महाविद्यालय  
Sri Venkateswara College  
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University of Delhi



Ref No : SVC/AO/2026/P/

Date.....

**Receipt of Medical Bills submitted for reimbursement**

1. Name of the Employee : Mr/Ms/Dr/Prof.....
2. Designation : .....
3. Bill(s) Amount (in Rs.) : .....
4. Date of Submission : .....

Signature of the Receiving Staff



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