

Working with Claims

By Finance Data Center, Dehradun

TA Claim

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Pending Activity

- Vendor Bills (12)
- Payroll Approvals (0)
- Employee Claims/Advances
- Failed Payments(0)
- Bills Pending for Approval
- Pension Paper (0)
- GIS(0)


Alerts

1. आदानामस (सहायता प्राप्त) शिदण सस्याना प
नियोक्ता का अंश जुलाई माह के वेत...

- Claims Entry
- Claims Processing
- Reports

- TA Claim
- Medical Reimbursement
- Misc Reimbursement
- Employee Advance
- LTC Claim
- TTA Claim
- Leave EncashMent
- Pensioner Medical Claim

Budget Status



Message

To Know Processing of IFMS Please Click Here
(IFMS Instructions)

For IFMS User Manual Click Here

FOR TA CLAIM
HRMS >> CLAIM ENTRY >> TA CLAIM

Select Action

Create Bills Upload Documents Print Bill

Employee Code :

010026911

Employee Name

Mr Mohd Suleman

Payment For :

Self Nominee

Batch ID :

Tour Advance Claim ID :

None

Advance Amount :

0

Treasury Vr No/Date :

Destination :

Within State Outside State

[Add Rows](#)

Departure						Arrival					
From :	DEH	Date/Time:	01-JAN-2019	08:00	AM	To :	HAR	Date/Time:	01-JAN-2019	09:00	AM
Mode of Journey :	Bus	Class Of Travel :	Ordinary			Train/Flight No :	AS2	Ticket/PNR No :	1		
Fare :	550	Purpose :	1								
Departure						Arrival					
From :	HAR	Date/Time:	01-JAN-2019	03:00	PM	To :	DEH	Date/Time:	01-JAN-2019	04:00	PM
Mode of Journey :	Bus	Class Of Travel :	Ordinary			Train/Flight No :	FE4	Ticket/PNR No :	W		
Fare :	550	Purpose :	W								

Hotel Expenses

[Add Rows](#)

Sl.No.	City Type	City Name	Accomodation Type	Hotel Name	From(Date)	To(Date)	Amount
1	Outside State	H	Hotel	H	01-JAN-2019	01-JAN-2019	0

Conveyance

[Add Rows](#)

S.N.	Station	Date	From	To	Mode of Travel	Distance(KMs)	Amount	Purpose
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Leave Details :

[Add Rows](#)

Sl.No.	From Date	To Date
--------	-----------	---------

PUT EMPLOYEE CODE AND CHECK EMPLOYEE NAME
FILL ALL THE DETAILS REGARDING TA BILL
CLICK ON SAVE BUTTON

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Select Action Create Bills Upload Documents Print Bill

Employee Code : Employee Name


Payment For : Self Nominee

Batch ID :

Advance Amount :

Destination : Within State Outside State

[Add Rows](#)



SUCCESS: TOUR CLAIM CREATED WITH TRANS ID CB1200427906191005

Close

Departure				Arrival			
1	From :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/>	<input type="text" value="hh:mi"/>	<input type="text" value="AM"/>	
	Mode of Journey :	<input type="text" value="Select"/>	Class Of Travel :	<input type="text" value="Select"/>	Train/Flight No :	<input type="text"/>	Ticket/PNR No :
	Fare :	<input type="text" value="0"/>	Purpose :	<input type="text"/>			
2	From :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/>	<input type="text" value="hh:mi"/>	<input type="text" value="AM"/>	
	Mode of Journey :	<input type="text" value="Select"/>	Class Of Travel :	<input type="text" value="Select"/>	Train/Flight No :	<input type="text"/>	Ticket/PNR No :
	Fare :	<input type="text" value="0"/>	Purpose :	<input type="text"/>			

CLAIM BILL SAVED SUCCESSFULLY

Medical Reimbursement

Pending Activity

Vendor Bills (12)

Payroll Approvals (0)

Employee Claims/Advances

Failed Payments(0)

Bills Pending for Approval

Pension Paper (0)

GIS(0)

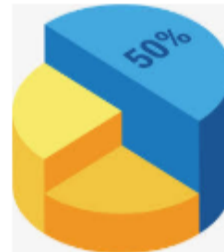
Alerts

1. ऑटोनोमस (सहायता प्राप्त) शिक्षण संस्थानों का वेतन म एन पी एस म नियोक्ता का अंश जुलाई माह के वेत...

- Claims Entry ▾
- Claims Processing ▾
- Reports ▾

- TA Claim
- Medical Reimbursement
- Misc Reimbursement
- Employee Advance
- LTC Claim
- TTA Claim
- Leave Encashment
- Pensioner Medical Claim

Budget Status



Message

To Know Processing of IFMS Please Click Here
(IFMS Instructions)

For IFMS User Manual Click Here

FOR MEDICAL REIMBURSEMENT
HRMS >> CLAIM ENTRY >> MEDICAL REIMBURSEMENT



Approval ▾ Entitlements ▾ MIS ▾ Support ▾ Income Tax ▾ Payroll ▾ Bills ▾ Budget ▾ HRMS ▾ Pension ▾

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code Employee Name

Payment For : Self Nominee Advance Claim ID :

Advance Amount : Date of Advance :

Nominee Details

Claim Type OPD IPD

* Claim Id : * Dependent Name :
Doctor Name : Doctor's Qualification : Hospital Name :
Disease Name : * From Date : * To Date :

Sl No	Consultion Date	Medicine Shop/Hospital Name	Cost Of Medicine(s)	Pathological Test Charges	Radiological Test Charges	Special Test Charges	Operations Charges	Other Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

Clear

Add Row

Show Report

PUT EMPLOYEE CODE AND EMPLOYEE NAME

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code

Employee Name

Mr Mohd Suleman

Payment For :

Self Nominee

Advance Claim ID :

Advance Amount :

0

Date of Advance :

Nominee Details

Claim Type OPD IPD

* Claim Id :

* Dependent Name :

Doctor Name :

Doctor's Qualification :

Hospital Name :

Disease Name :

* From Date :

* To Date :

Sl No	Consultion Date	Medicine Shop/Hospital Name	Cost Of Medicine(s)	Pathological Test Charges	Radiological Test Charges	Special Test Charges	Operations Charges	Other Charges
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

Clear

Add Row

Show Report

SELECT DEPENDENT NAME

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code Employee Name

Payment For : Self Nominee Advance Claim ID :

Advance Amount : Date of Advance :

Nominee Details

Claim Type OPD IPD

* Claim Id : * Dependent Name :
Doctor Name : Doctor's Qualification : Hospital Name :
Disease Name : * From Date : * To Date :

Sl No	Consultion Date	Medicine Shop/Hospital Name	Cost Of Medicine(s)	Pathological Test Charges	Radiological Test Charges	Special Test Charges	Operations Charges	Other Charges
1	01-AUG-2019	ABCDFR	1000	500	0	0	0	
2								

Save

Clear

Add Row

Show Report

FILL ALL THE DETAILS
CLICK ON SAVE BUTTON

Approval Entitlements MIS Support Income Tax Payroll Bills Budget HRMS Pension

Medical Claim

Select Action

 Create Bills Upload Documents Submit

Employee Code

010026911

Employee Name

Mr Mohd Suleman

Payment For :

 Self Nominee

Advance Amount :

0

Nominee Details



SUCCESS: RECORD CREATED WITH ID-CB1200427908191005

Close

Claim Type OPD IPD

* Claim Id :

CB1200427908191005:28-AUG-2019

* Dependent Name :

Mrs Shahnaz Parveen,Spouse

Doctor Name :

ABCD

Doctor's Qualification :

ABC

Hospital Name :

AC123

Disease Name :

KSD

* From Date :

01-Jul-2019

* To Date :

03-Jul-2019

Sl No	Consultation Date	Medicine Shop/Hospital Name	Cost Of Medicine(s)	Pathological Test Charges	Radiological Test Charges	Special Test Charges	Operations Charges	Other Charges
1	01-AUG-2019	ABCDFR	1000	500	0	0	0	0
2								

Save

Clear

Add Row

Show Report

MEDICAL BILL SAVED SUCCESSFULLY

Miscellaneous Reimbursements

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Pending Activity

Vendor Bills (12)

Payroll Approvals (0)

Employee Claims/Advances

Failed Payments(0)

Bills Pending for Approval

Pension Paper (0)

GIS(0)

Alerts

1. ऑटोनोमस (सहायता प्राप्त) शिक्षण संस्थानों की वेतन में एन पी एस में नियोक्ता का अंश जुलाई माह के वेत...

- Claims Entry
- Claims Processing
- Reports

- TA Claim
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- Employee Advance
- LTC Claim
- TTA Claim
- Leave Encashment
- Pensioner Medical Claim

Budget Status



Message

To Know Processing of IFMS Please Click Here
(IFMS Instructions)

For IFMS User Manual Click Here

FOR MISC REIMBURSEMENT CLAIM
HRMS >> CLAIM ENTRY >> MISC REIMBURSEMENT



Approval ▾

Entitlements ▾

MIS ▾

Support ▾

Income Tax ▾

Payroll ▾

Bills ▾

Budget ▾

HRMS ▾

Pension ▾

Misc Reimbursement

Select Action

 Create Application Upload Documents Print/Submit

Employee Code :

010026911

Employee Name

Mr Mohd Suleman

Select Claim ID :

New ▾

Claim Head :

-Select- ▾

Amount :

0

Period From:

Aug-2019 ▾

To:

Aug-2019 ▾

Remarks :

Save

PUT EMPLOYEE CODE AND CHECK EMPLOYEE NAME

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Misc Reimbursement

Select Action Create Application Upload Documents Print/Submit

Employee Code :	<input type="text" value="010026911"/>	Employee Name	Mr Mohd Suleman
Select Claim ID :	<input type="text" value="New"/>	Amount :	<input type="text" value="0"/>
Claim Head :	<input type="text" value="-Select-"/>	To:	<input type="text" value="Aug-2019"/>
Period From:	<input type="text" value="-Select-"/>		
Remarks :			

S.No	Claim ID	Code	Claim Head	Amount	Delete	Edit

- Brief Case Reimbursement (Central Govt.Emp.)
- Camp Assistant/Sewak Reimbursement
- Children Education Reimbursement
- Electricity Reimbursement
- Guest Expense Reimbursement
- Honorarium
- House Rent Reimbursement
- Judges Furnishing Fund Reimbursement
- Local Conveyance
- Maintenance of Staff Car and Fuel Reimbursement
- Mobile Handset Reimbursement
- News Paper Reimbursement
- Office Expenses Reimbursement
- Telephone Reimbursement
- Ticket cancellation Reimbursement
- Water Tax Reimbursement
- laptop Reimbursement

SELECT CALIM TYPE



Approval ▾

Entitlements ▾

MIS ▾

Support ▾

Income Tax ▾

Payroll ▾

Bills ▾

Budget ▾

HRMS ▾

Pension ▾

Misc Reimbursement

Select Action

 Create Application Upload Documents Print/Submit

Employee Code :

010026911

Employee Name

Mr Mohd Suleman

Select Claim ID :

New ▾

Claim Head :

Office Expenses Reimbursement ▾

Amount :

1000

Period From:

Aug-2019 ▾

To:

Aug-2019 ▾

Remarks :

OK

Save

FILL ALL THE DETAILS
CLICK ON SAVE BUTTON



Approval ▼ Entitlements ▼ MIS ▼ Support ▼ Income Tax ▼ Payroll ▼ Bills ▼ Budget ▼ HRMS ▼ Pension ▼

Misc Reimbursement

Select Action

Create Application Upload Documents Print/Submit

Employee Code :

010026911

Employee Name

Mr Mohd Suleman

Select Claim ID :

New

Claim Head :

Office Expenses Reimbursement

Period From:

Aug-2019

Remarks :



SUCCESS: CLAIM CREATED WITH ID CB1200427908191006

Close

Save

S.No	Claim ID	Emp Code	Name	Claim Code	Claim Head	Amount	Delete	Edit
1	CB1200427908191006	010026911	Mr Mohd Suleman	15	Office Expenses Reimbursement	1000	Delete	Edit

CLAIM ID SAVED SUCCESSFULLY

TTA Claim

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Pending Activity

Vendor Bills (12)

Payroll Approvals (0)

Employee Claims/Advances

Failed Payments(0)

Bills Pending for Approval

Pension Paper (0)

GIS(0)

Alerts

1. ऑटोनोमस (सहायता प्राप्त) शिक्षण संस्थानों की वेतन में एन पी एस में

- Claims Entry
- Claims Processing
- Reports

- TA Claim
- Medical Reimbursement
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- Employee Advance
- LTC Claim
- TTA Claim**
- Leave Encashment
- Pensioner Medical Claim

Budget Status



Message

[For IFMS User Manual Click Here](#)

FOR TTA CLAIM
HRMS >> CLAIM ENTRY >> TTA CLAIM



Approval ▼

Entitlements ▼

MIS ▼

Support ▼

Income Tax ▼

Payroll ▼

Bills ▼

Budget ▼

HRMS ▼

Pension ▼

Select Action

 Create Bills Upload Documents Print Bill

Employee Code :

010026911

Employee Name

Mr Mohd Suleman

Batch ID :

New ▼

Tour Advance Claim ID :

None ▼

Advance Amount :

0

Date of Aavance :

No Of Tickets

Distance

Luggage Quantity(QtIs)

Rate

Luggage Amount

Disturbance Grant

0.3

Journey Details

Add Rows

Departure				Arrival			
From :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/> <input type="text" value="hh:mi"/> <input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="AM"/>	To :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/> <input type="text" value="hh:mi"/> <input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="AM"/>
Mode of Journey :	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="Select"/>	Class Of Travel :	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="Select"/>	Train/Flight No :	<input type="text"/>	Ticket/PNR No :	<input type="text"/>
Fare :	<input type="text" value="0"/>	Purpose :	<input type="text"/>				

PUT EMPLOYEE CODE AND CHECK EMPLOYEE NAME



- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Select Action Create Bills Upload Documents Print Bill

Employee Code : Employee Name : Mr Mohd Suleman

Batch ID : Tour Advance Claim ID :

Advance Amount : Date of Aadvance :

No Of Tickets	Distance	Luggage Quantity(Qtls)	Rate	Luggage Amount	Disturbance Grant
2	150	10	0.3	450	9520

Journey Details Add Rows

Departure					Arrival						
From :	<input type="text" value="DEH"/>	Date/Time:	<input type="text" value="01-JUL-2019"/>	<input type="text" value="11:00"/>	<input type="text" value="AM"/>	To :	<input type="text" value="DEL"/>	Date/Time:	<input type="text" value="01-JUL-2019"/>	<input type="text" value="01:00"/>	<input type="text" value="PM"/>
Mode of Journey :	<input type="text" value="Air"/>	Class Of Travel :	<input type="text" value="Economy"/>			Train/Flight No :	<input type="text" value="1"/>	Ticket/PNR No :	<input type="text" value="AWK1"/>		
Fare :	<input type="text" value="5000"/>	Purpose :	<input type="text" value="LTC"/>								

Conveyance Add Rows

S.N.	Station	Date	From	To	Mode of Travel	Distance(KMs)	Amount	Purpose
1	ABCD	01-JUL-2019	DEH CLOCK TOWER	DEH STATION	TAXI	10	500	
2						0	0	
3						0	0	
4						0	0	

FILL TTA DETAILS (NO OF TICKET, DISTANCE, QUANTITY)
FILL REMAINING DETAILS
CLICK ON SAVE BUTTON

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Select Action Create Bills Upload Documents Print Bill

Employee Code : Employee Name : Mr Mohd Suleman

Batch ID : Tour Advance Claim ID :

Advance Amount :

No Of Tickets	Distance	Baggage Amount	Disturbance Grant
<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="450"/>	<input type="text" value="9520"/>

SUCCESS: TOUR CLAIM CREATED WITH TRANS ID CB1200427908191007

Close

Journey Details Add Rows

Departure				Arrival			
From :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/> <input type="text" value="hh:mi"/> <input type="text" value="AM"/>	To :	<input type="text"/>	Date/Time:	<input type="text" value="dd-MMM-yyyy"/> <input type="text" value="hh:mi"/> <input type="text" value="AM"/>
Mode of Journey :	<input type="text" value="Select"/>	Class Of Travel :	<input type="text" value="Select"/>	Train/Flight No :	<input type="text"/>	Ticket/PNR No :	<input type="text"/>
Fare :	<input type="text" value="0"/>	Purpose :	<input type="text"/>				

Conveyance Add Rows

TTA BILL SAVED SUCCESSFULLY



- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code Employee Name

Advance Amount : Date of Aadvance :

Select Bill

Select File:

Remarks:

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code Employee Name Mr Mohd Suleman

Advance Amount : 0 Date of Advance :

Select Bill

* केवल PDF फ़ाइलें अपलोड करें(Please Upload PDF files only)

Select File:

Remarks:

Upload

अनिवार्यता प्रमाण पत्र वाह्य रोगी/अन्तः रोगी के रूप में उपचार हेतु

मैं डॉ ABCD प्रमाणित करता हूँ कि श्री/श्रीमती/कुमारी Mr Mohd Suleman पत्नी पुत्र/पुत्री/माता /पिता Mrs Shahnaz Parveen विभाग जो KSD रोग से पीड़ित हैं /थे व उपचार में वाह्य रोगी के रूप में तथा/ अथवा अन्तः रोगी के रूप में दिनांक 01-JUL-2019 से 03-JUL-2019 तक रहे।

2. मेरे द्वारा विहित औषधि व परीक्षण जो संलग्न वाउचर के अनुसार हैं रोगी की स्थिति में सुधार/निवारण के लिए आवश्यक थी | इसमें औषधि सम्मिलित नहीं हैं जिसके लिए समान थैराप्यूटिक इफ़ेक्ट वाला सस्ता पदार्थ उपलब्ध है न हि वह विनिर्मित सामग्री सम्मिलित है जो प्राथमिक रूप से खाद्य पदार्थ टॉयलेटरीज व डिसइंफेक्टेन्ट है।

3. उपचार पर व्यय का विवरण

कंसल्टेशन डेट	मेडिसिन शॉप / हॉस्पिटल नाम	औषधि पर व्यय	पैथोलोजिकल परीक्षण पर व्यय	रेडियोलॉजिकल परीक्षण पर व्यय	विशेष परीक्षण पर व्यय	शल्य क्रिया पर व्यय	अन्य व्यय
01-AUG-2019	AC123	1000	500	0	0	0	0

योग:1500

4. रोगी को चिकित्सालय में भर्ती कर उपचार करने की आवश्यकता थी/नहीं थी। संलग्न मेरे द्वारा उपरोक्त सत्यापित/अभिप्रमाणित/बिल/वाउचर संख्या

AFTER CREATE A BILL, FOR UPLOADING DOCUMENT
CLICK ON UPLOAD DOCUMENT RADIO BUTTON
PUT REMARK AND CLICK ON UPLOAD DOCUMENT

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code

Employee Name Mr Mohd Suleman

Advance Amount :

Date

Select Bill

SUCCESS: FILE SAVED

Close

* केवल PDF फ़ाइलें अपलोड करें (Please Upload PDF files only)

Select File: No file chosen

Remarks:

S.No	File No	File Name	Remark	View	Delete
1	1	12004664.pdf	OK	View	Delete

FILE UPLOADED SUCCESSFULLY



Approval ▼

Entitlements ▼

MIS ▼

Support ▼

Income Tax ▼

Payroll ▼

Bills ▼

Budget ▼

HRMS ▼

Pension ▼

Medical Claim

Select Action

 Create Bills Upload Documents Submit

Employee Code

Employee Name

Mr Mohd Suleman

Advance Amount :

Date of Aadvance :

Emp Code	Name	Relation	Name	Disease	Amount	Select	Submit
010026911	Mr Mohd Suleman	R005	Mrs Shahnaz Parveen	KSD	1500	Select	Submit

TO SUBMIT A BILL CLICK ON SUBMIT RADIO BUTTON


- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Medical Claim

Select Action Create Bills Upload Documents Submit

Employee Code Employee Name

Advance Amount :



SUCCESS:MEDICAL CLAIM APPROVED

Close

Emp Code	Name	Relation	Name	Amount	Select	Submit
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CLAIM BILL SUBMIT SUCCESSFULLY

CLAIM BILL PROCESSING

Pending Activity

Vendor Bills (12)

Payroll Approvals (0)

Employee Claims/Advances

Failed Payments(0)

Bills Pending for Approval

Pension Paper (0)

GIS(0)

Alerts

1. ऑटोनोमस (सहायता प्राप्त) शिक्षण संस्थानों का वतन म एन पा एस म नियोक्ता का अंश जुलाई माह के वेत...

Claims Entry

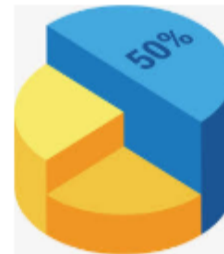
Claims Processing

Reports

Latest GO's

TA Claim March 2019
Medical Claim March 2019
Misc Reimbursement March 2019
Employee Advance 019 (CCL DCL)
LTC Claim Letter
TTA Claim

Budget Status



Message

To Know Processing of IFMS Please Click Here
(IFMS Instructions)
For IFMS User Manual Click Here

AFTER SUBMIT A CLAIM BILL, IT HAS TO BE PROCESSED THROUGH
HRMS >> CLAIM PROCESSING

[Approval ▾](#)[Entitlements ▾](#)[MIS ▾](#)[Support ▾](#)[Income Tax ▾](#)[Payroll ▾](#)[Bills ▾](#)[Budget ▾](#)[HRMS ▾](#)[Pension ▾](#)

Medical Claim

Select Action

 Process Claim Generate Bill Print Bill

Emp Code	Name	Relation	Name	Disease	Amount	Select
010026911	Mr Mohd Suleman	R005	Mrs Shahnaz Parveen	KSD	1500	Select
010086908	Mr Jeevan Singh	R010	Mr Jeevan Singh	ANANDI BISHT	2072	Select

[Save](#)

CLICK ON SELECT LINK



- Approval ▾
- Entitlements ▾
- MIS ▾
- Support ▾
- Income Tax ▾
- Payroll ▾
- Bills ▾
- Budget ▾
- HRMS ▾
- Pension ▾

Medical Claim

Select Action Process Claim Generate Bill Print Bill

Emp Code	Name	Relation	Name	Disease	Amount	Select
010026911	Mr Mohd Suleman	R005	Mrs Shahnaz Parveen	KSD	1500	Select
010086908	Mr Jeevan Singh	R010	Mr Jeevan Singh	ANANDI BISHT	2072	Select

Sl No	Hospital Name	Date	Medicine	Pathology	Radio	Special	Operation	Other Amount
1	ABCDFR	01-AUG-2019	1000 <input type="text" value="1000"/>	500 <input type="text" value="500"/>	0 <input type="text" value="0"/>	0 <input type="text" value="0"/>	0 <input type="text" value="0"/>	0 <input type="text" value="0"/>

Save


FILL PASSED AMOUNT

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Medical Claim

Select Action Process Claim Generate Bill Print Bill

Emp Code	Name	Relation	Name	Disease	Amount	Select
010086908	Mr Jeevan Singh				2072	Select
Sl No	Hospital Name	Date	M	Operation	Other Amount	



SUCCESS: MEDICAL APPLICATION CB1200427908191005 UPDATED

Close

CLAIM BILL SAVED SUCCESSFULLY



Approval ▾ Entitlements ▾ MIS ▾ Support ▾ Income Tax ▾ Payroll ▾ Bills ▾ Budget ▾ HRMS ▾ Pension ▾

Medical Claim

Select Action

Process Claim Generate Bill Print Bill

Emp Code	Name	Relation	Name	Disease	C Amount	Pass Amount	Select
010026911	Mr Mohd Suleman	R005	Mrs Shahnaz Parveen	KSD	1500	1500	<input checked="" type="checkbox"/>

Budget Type

Grant

Minor Head

Scheme

Voted/Charged

Main Budget ▾

007:वित्त, कर, नियोजन, सचि ▾

205400095-205400095:लेखा तथा खजाना निदेशाल ▾

205400095030027: ▾

Voted ▾

11C No

1


SELECT GRANT, MINOR HEAD AND SCHEME
PUT 11C NO AND CLICK ON SAVE BUTTON

- Approval
- Entitlements
- MIS
- Support
- Income Tax
- Payroll
- Bills
- Budget
- HRMS
- Pension

Tour Claim

Select Action Process Claim Generate Bill Print Bill

Emp Code	Name	Destination	Tour Date	Amount	Pass Amount	Select
Budget Type	Grant				Scheme	Voted/Charged
Main Budget	007:वित्त, कर, नियोजन, सचि					Voted
11C No	1					

 SUCCESS: BILL GENERATED WITH TRANS ID CB1200427908191008

Close

Save

CLAIM TRANSACTION ID GENERATED SUCCESSFULLY

[Approval](#) [Entitlements](#) [MIS](#) [Support](#) [Income Tax](#) [Payroll](#) [Bills](#) [Budget](#) [HRMS](#) [Pension](#)

Tour Claim

Select Action

 Process Claim Generate Bill Print Bill

Trans ID	Claim ID	Emp Code	Name	Destination	Tour Date	Amount	Select
CB1200427908191008	CB1200427906191005	010026911	Mr Mohd Suleman	HAR	01-JAN-2019	1500	Select
CB1200427907191017	CB1200427904191000	010097396	Mr Arunendra Singh Chauhan	DELHI	26-MAR-2019	12590	Select
CB1200427907191017	CB1200431607191004	010097396	Mr Arunendra Singh Chauhan	NEW DELHI	10-JUL-2019	12060	Select
CB1200427908191001	CB1200427908191000	010097396	Mr Arunendra Singh Chauhan	Jaipur	21-JUL-2019	20689	Select
CB1200427907191015	CB1200427907191014	120012095999	Mr Vivek Negi	allahabad	10-JUL-2019	3825	Select
CB1200427907191023	CB1200427907191019	23710313M00438	Mr Vinod Singh	Nainital	10-JUL-2019	1708	Select
CB1200427907191025	CB1200427907191021	40290313M00436	Mr Nawaj Sharif	Nainital	19-JUN-2019	1708	Select
CB1200427907191025	CB1200427907191022	40290313M00436	Mr Nawaj Sharif	Nainital	09-JUL-2019	1708	Select

TO TAKE A PRINT OF A CLAIM BILL
CLICK ON SELECT LINK

Transaction ID - CB1200427908191008

E-Sign

वित्तीय नियम संग्रह खंड पाँच भाग -१

- 1- जनपद का नाम
 2- कोषागार का नाम
 3- देयक की अवधि कब से कब तक
 4- रिकार्ड कोड
 5- कोषागार/उपकोषागार का कोड
 6- देयक पंजी की क्रम संख्या
 7- वाउचर संख्या (कोषागार द्वारा भरा जाना है)
 8- मतदेय/भारित
 9- लेखाशीर्षक सम्बन्धी 13 अंको का कोड (4 मुख्य लेखाशीर्षक + 2 उपमुख्य शीर्षक +3 लघुशीर्षक+2 उपशीर्षक+2 ब्योरेवार शीर्षक)
 10-आहरण वितरण अधिकारी का पदनाम
 11- आहरण वितरण अधिकारी का कोड
 12- अधिष्ठान का नाम
 13- अनुदान संख्या :(007)वित्त, कर, नियोजन, सचिवालय तथा अन्य सेवायें

: देहरादून
 : साईबर

1	0	2
1	2	0
1		
0		

: मतदेय

2	0	5	4	0	0	0	9	5	0	3	0	0	0	4
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: निदेशालय कोषागार पेंशन एवं हकदारी देहरादून

4	2	7	9
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: निदेशालय कोषागार पेंशन एवं हकदारी देहरादून

14- सोर्स कोड :1

15- सेक्टर कोड :2

16- स्वीकृति आदेश (यदि आवश्यक हो, प्रतिलिपि संलग्न करें)

लेखाशीर्षक सम्बन्धी विवरण

मुख्य लेखाशीर्षक - (2054)खजाना तथा लेखा प्रशासन
 उप मुख्य लेखा शीर्षक - (00)-
 लघुशीर्षक - (095)लेखा तथा खजाना निदेशालय
 उपशीर्षक - (03)कोषागार एवं वित्त सेवायें अधिष्ठान
 ब्योरेवार शीर्षक - (00)कोषागार एवं वित्त सेवायें अधिष्ठान

दिनांक	2	8	0	8	1	9
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बजट की वर्तमान स्थिति

मानक मद का नाम व कोड	आवृत्त कुल बजट	इस विल को सम्मिलित करते हुए	अवशेष बजट
04-यात्रा व्यय	200000	62510	137490

भुगतान का विवरण

मानक मद का कोड एवं नाम	धनराशि
04-यात्रा व्यय	1,140
66 देयक की सकल धनराशि (अग्रिम समायोजन के बाद)	1,140