GOVT. OF NCT DELHI
OFFICE OF THE MEDICAL DIRECTOR
GURU TEG BAHADUR HOSPITAL
DILSHAD GARDEN: DELHI-110095
(TELECOM BRANCH)

No. F.No.4/tele/Misc. Matters/GTBH/2026/635 Dated:- 30/3/2026

CIRCULAR

It has been observed by Telecom Branch of GTB Hospital that while submitting Bills pertains to telephone (landline) & Broadband facility being used by Govt. Servant for reimbursement, as per statutory provision as contained in OM No. F. 53/778/GAD/CN/2025/1950-1955 dated 09.07.2025, no proper details have been provided.

Therefore, all officers of GTB Hospital, who are eligible for reimbursement of aforesaid claim, are henceforth requested to submit duly completed checklist/form (as per specimen enclosed) along with their reimbursement claim.

This issues with prior approval of AMS(Telecom), GTBH.

30-3-26

MOI/C (Telecom)
GTB Hospital

Copy to:-

1. All Officers/officials of GTBH Hospital with the request to submit aforesaid checklist/form for the bills already submitted (pending for payment)/ to be submitted for reimbursement.
2. IT cell GTBH with request to upload the same on Hospital's website.
3. Notice Board

APPLICATION FORM FOR REIMBURSEMENT OF RESIDENTIAL TELEPHONE & MOBILE PHONE CALL CHARGES/BROADBAND/DATA CARD

1.	Name of the Doctor/Officer	:	
2.	Designation	:	
3.	Employee No	:	
4.	Department/Branch	:	
5.	Pay level according to 7th pay commission	:	
6.	Basic Pay (as on date)	:	
7.	Name of Spouse	:	
8.	Period of claim	:	
9.	If spouse is employed, mention whether in Central Govt. PSU, State Govt. (give details)	:	
10.	If spouse is employed, provide NOC for non-claiming of reimbursement undertaking from their office & mention No. & date of NOC/Undertaking	:	
11.	Request for reimbursement is for residential landline telephone number or for Mobile number	:	
12.	Mention landline telephone number/Mobile number & name of service provider for which claim is made.	:	
13.	Leave (of any nature) taken during claim, mention complete leave period with dd/mm/yy.	:	
14.	Training attended during claim (mention complete training period with dd/mm/yy.	:	
15.	Address	:	
16.	Alternate mobile number	:	

The information furnished above is complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of telephone & mobile phone call charges/broadband/data card, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Signature :

Name :

Stamp :

30.3.26

M.O.I/C. Telecom
GTB Hospital
Govt. of NCT of Delhi-95