

The Chief Medical Officer  
University of Delhi,  
Delhi-110007.

**Subject: Payment of investigation Charges Bills**

Sir,

I am enclosing herewith bill(s) of investigation charges as detailed below:-

S.No.	Name of Hospital	Nature of Investigation	Amount
1.			
2.			
3.			
4.			

Total

Yours Faithfully,

Signature.....

Name of Employee.....

Token No. ....

Designation.....

Deptt/College .....

Telephone No.....

Address.....

.....

Saving Bank A/c No.

IFSC Code .....

Please attach :-

- Original prescription slip of W.U.S. Health Centre.
- Original bill of Hospital/Laboratory/Diagnostic Centre.
- Photocopy of report(s).
- Photocopy of first page of bank pass book/cheque.