

**DEPARTMENTAL ACCIDENT/ROAD ACCIDENT**

**HOSPITAL (OR) EMPLOYEE PAYMENT**

**CHECK LIST**

<b>SL NO.</b>	<b>DESCRIPTION</b>
1	Detailed Accident Report (along with Seal and Signature of EE, AEE & AE)
2	First Information Report
3	Discharge Summary in original (along with Seal and Signature)
4	Executive Engineer's Authorization letter
5	MD India's Authorization letter
6	Hospital Main Bill along with Seal and Signature
7	Revenue Stamp (Amount exceeding Rs.5,000/-)
8	Paid by me on the back side of all the bills/receipts (if it is individual payment)
9	Split up details for Lab and Pharmacy (along with Seal and Signature )
10	Reason for non-utilization of NHIS Identity Card