



हंसराज महाविद्यालय

HANS RAJ COLLEGE

दिल्ली विश्वविद्यालय

UNIVERSITY OF DELHI

महात्मा हंसराज मार्ग, दिल्ली-110007

MAHATMA HANS RAJ COLLEGE MARG, DELHI - 110007

Notice

All my colleagues (Teaching/Non-Teaching) (Permanent/Adhoc/Contractual Staff) who were detected positive for **COVID-19** and hospitalized between March, 2020 to May, 2021 are requested to fill-up the attached form and submit online latest by **26.05.2021** .

Email-accounts@hrc.du.ac.in

Date: 24.05.2021

Dr.

[Signature]
PRINCIPAL
PRINCIPAL
HANS RAJ COLLEGE
DELHI-110007
[Signature]
24/5/2021

HANS RAJ COLLEGE: DELHI
(University of Delhi)

I S/O,W/O.....

Designation (Permanent/Adhoc/Contract)

..... Department

1) Were you ever hospitalized Due to **COVID – 19**, between March, 2020 to May, 2021.

2) If Yes: -

a. Name of the Hospital: *e*

b. Admission Duration: To

c. Total Medical bill Amount:.....

d. Mode of Payment (Cash/Policy):

e. Name of the Policy:

f. Detail of the Policy:

3) Have you claimed these medical bills from any-where (Yes/No).....

Date: _____

(Signature of Employee)

Note: This information is being *collected* for COVID-19 treatment, for Office use only.