



File No. AUD/1-12(02)/Gen Adm/Policy2018/239/

Dated -01.07.2025

**ADVISORY**

**(For Treatment at Private / University Non-Empanelled Hospital)**

All employees who are opting for medical treatment should prefer availing medical facility from the University empanelled hospitals.

In cases where it is not possible for an employee to avail medical facility from University empanelled hospital, the employee must submit a duly filled and signed undertaking (attached herewith) along with the medical reimbursement claim.

This advisory is in continuation to all the previous communications/circulars issued with respect to availing medical facilities as per AUD MAT rules 2016 as amended time to time.

This is issued with the approval of competent authority.

  
(Amit Vashist)  
Deputy Registrar

Copy to:

1. All employees, Dr. B.R. Ambedkar University Delhi.
2. AR to Hon'ble Vice-Chancellor, Dr. B.R. Ambedkar University Delhi.
3. AR to Registrar, Dr. B.R. Ambedkar University Delhi.
4. The Controller of Finance, Dr. B.R. Ambedkar University Delhi.
5. Web Master for uploading on the University website.
6. Notification File

**UNDERTAKING**  
**(For Treatment at Private/ University Non- Empanelled Hospital)**

I, \_\_\_\_\_ hereby declare that I have undergone medical treatment at a private/non-empanelled hospital. I certify that the medical treatment undertaken was genuine and necessary, and the claim submitted by me is true, complete, and correct to the best of my knowledge and belief. I further undertake that I am solely responsible for the authenticity of the treatment details and supporting documents submitted.

I accept that if any flaw, discrepancy, or error is found in the claim or documentation at any point in the future, I shall bear full responsibility for the same, and I will abide by any action or recovery that may be deemed appropriate by the competent authority.

This undertaking is being submitted to support my request for medical reimbursement as per applicable AUD MAT rules 2016 and prevailing guidelines and policies of the CGHS/DGEHS.

Signature of the Employee: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Division/ School/ Centre: \_\_\_\_\_

Date: \_\_\_\_\_