



The Islamia University of Bahawalpur  
**REIMBURSEMENT OF MEDICINES OUTDOOR/HOSPITALIZATION**

Bank A/c No. \_\_\_\_\_ EMPCD. \_\_\_\_\_ Regular. \_\_\_\_\_ Contract. \_\_\_\_\_

Name of Employee: \_\_\_\_\_

C.N.I.C. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Designation \_\_\_\_\_ Scale No \_\_\_\_\_ Department/Branch \_\_\_\_\_

Nature of Disease \_\_\_\_\_

Name & Relationship of the patient with the employee \_\_\_\_\_

Name of Specialist \_\_\_\_\_

In case of reference made by University Medical Officer: \_\_\_\_\_ Mode of Medical Attendance \_\_\_\_\_

Total amount claimed Rs. \_\_\_\_\_

A) Cost of Medicines, Vaccines, Sera. \_\_\_\_\_ Rs. \_\_\_\_\_

I certify that the patient \_\_\_\_\_ for whom

The re-imbusement of Medical Charges claimed in the bill belongs to me/ my \_\_\_\_\_

Who is wholly dependent upon me and he/she is not in service in anywhere or pensioner. I solemnly declare under oath that expenses mentioned in this bill are original. If any bill/receipt is found bogus, I will be responsible for refund of the money & liable for penalty decided by the competent authority.

Employee's Signature

I and the concerned specialist to whom patient was referred have countersigned the attached bills. It is also certified that the Medicines, Drugs etc. included in Cash Memos No. \_\_\_\_\_ Dated \_\_\_\_\_ Rupees. \_\_\_\_\_

Were essential for the recovery and restoration of the health of  
Mr./Miss/Mrs. \_\_\_\_\_

**Head of Department**

**CHIEF MEDICAL OFFICER**

**Member**

**Member**

**Member**

**Member/Secretary**

**Chairman / Chairperson Medical Committee**

**TO BE USED BY THE ACCOUNTS BRANCH**

Checked and found correct for Rs. \_\_\_\_\_

Entered in the Appropriation Register at Sr. No. \_\_\_\_\_

Dated \_\_\_\_\_

ASSISTANT (Accounts)

Amount sanctioned for payment of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ )

Admin. Officer Asstt. Treasurer

Deputy Treasurer

Treasurer / Vice-Chancellor

Sanctioning Authority.

**TO BE FILLED BY THE AUDIT BRANCH**

Pre-audited & passed for Rs. \_\_\_\_\_

Rupees \_\_\_\_\_

Audit Assistant

Admin. Officer

Resident Audit Officer.

**TO BE USED BY THE CHEQUE SECTION**

Paid vide Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

Cashier

Admin Officer Asstt./Deputy Treasurer

Treasurer

Voucher No. \_\_\_\_\_ Dated \_\_\_\_\_ Entered in Classification Register of expenditure at page

No. \_\_\_\_\_

**Classification Assistant**