

The Islamia University of Bahawalpur REIMBURSMENT OF MEDICINES OUTDOOR/HOSPITALIZATION

Bank A/c No.		EMPCD	Regular	Contract
Name of Employee:_				
C.N.I.C. No:		Mobile	e No:	
Designation	Scale No	Departr	ment/Branch	
Nature of Disease				
Name & Relationship	of the patient with the emplo	oyee ————		
Name of Specialist				
In case of reference r	nade by University Medical O	fficer: Mode	of Medical Attend	dance
Total amount claimed	J Rs			
A) Cost of Medic	cines, Vaccines, Sera.		Rs	
I certify that the patie	ent			for whom
Who is wholly deperunder oath that expe	of Medical Charges claimed in adent upon me and he/she in this bill are ney & liable for penalty decide	s not in service in are original. If any bill/r	nywhere or pensi eceipt is found bo	oner. I solemnly declare
			1	Employee's Signature
certified that the Me	specialist to whom patient of the dicines, Drugs etc. included in	n Cash Memos No	_	
Were essential	for the recovery and	restoration		alth of
			Н	ead of Department
Mombor	Mombor	Mombor	Ma	mhar/Sacratary

Chairperson Medical Committee

TO BE USED BY THE ACCOUNTS BRANCH

Checked and found corre	ect for Rs			
Entered in the Appropria	tion Register at Sr.	. No		
Dated				
ASSISTANT (Accounts)				
Amount sanctioned for p	ayment of Rs			
(Rupees)
Admin. Officer As	sstt. Treasurer	Deputy Treasurer	Treasure	r / Vice-Chancellor
			Sa	nctioning Authority.
	TO BE FILLED	BY THE AUDIT BRANC	CH	
Pre-audited & passed for	Rs			
Rupees				
Audit Assistant		Admin. Officer	F	Resident Audit Officer.
	TO BE USED	OB BY THE CHEQUE SEC	TION	
Paid vide Cheque No		Dated_		
Cashier Admin O	fficer Asstt:/Dep	uty Treasurer	Treasurer	
Voucher No			Classification Register	
No				

Classification Assistant