



The Islamia University of Bahawalpur
WOMEN'S HEALTH CARE CENTER & MATERNITY
HOME (WHCC&MH) Ph# 062-9255893
BILL FOR MEDICAL CHARGES

Bank A/c No. _____ EMPCD _____ Regular _____ Contract _____

Name of Employee _____ CNIC _____

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. _____
- B) Hospital Fee (s) for accommodation and medical attendance. Rs. _____
- C) Other Charges (If any) U.S.G, E.C.G, X-Ray. Rs. _____
- D) Pathological Tests. Rs. _____

I certify that the patient _____ for whom

The re-imburement 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

SENIOR MEDICAL OFFICER

TO BE USED BY THE ACCOUNTS BRANH

Checked and found correct for Fs. _____

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

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

Classification Assistant.