



The Islamia University of Bahawalpur

REIMBURSEMENT OF MEDICINES OUTDOOR/HOSPITALIZATION

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

Name of Employee: _____ C.N.I.C: _____

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-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

Chief Medical Officer

Dr.Safeena Sidiq
Women Medical Officer
(Member/Secretary)

Dr. Maleeha Ejaz
Women Medical Officer
(Member)

Dr.Faheema Nadeem
Women Medical Officer
(Member)

Dr.Waheed Mumtaz Abbasi
Medical Officer
(Member)

Dr. Saba Tahir
Women Medical Officer
(Member)

Dr.Muhammad Usman Cheema
Chairman, 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