



# The Islamia University of Bahawalpur

## BILL FOR MEDICAL CHARGES

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. _____ |
| 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**

**CHIEF 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

Treasurer

---

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

**Classification Assistant.**