



**NATIONAL CENTRE OF EXCELLENCE IN GEOLOGY
UNIVERSITY OF PESHAWAR**

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Date:

MEDICAL REIMBURSEMENT APPLICATION

The Director
NCE in Geology
University of Peshawar

Subject: MEDICAL REIMBURSEMENT

I have spent a sum of Rs..... (Rupees)
on the treatment of my Self/Wife/Son/Daughter/Father/Mother as per following breakdown:

S#	Cash Memo No.	Dated	Amount
1.	Dr. Consultation Fee (Limit Rs.1000)		
2.	Ultra Sound charges		
3.	X-Rays		
4.	Medicines (only for Chronic diseases & Hospitalization Cases)		
5.	Any other Tests or Hospital charges		
6.	Dental charges (Limit Rs.5000)		
7.	Eye Lenses etc. or operational charges (Limit Rs.15000)		
Total			

FOR HOSPITALIZATION

Necessary Cash Memos along with respective prescription chits, original Discharge Card and Photo copy of the complete Admission Treatment Chart and Nursing Chart intake output record duly attested by the Registrar of the Ward/RMO of the Hospital are attached.

FOR OUT DOOR TREATMENT

1. Doctor's prescription
2. Test, X-Ray's report
3. Cash receipts of consultancy Fee
4. Cash receipts of Test, X-Ray's charges
5. Should be verified each and every papers by the applicant
6. Cash Memos of medicines only for chronic or as per Government

I solemnly declare that the claim is correct and shall be held responsible for disciplinary action on account of miss-statement or over claiming, it is requested that re-imburement as per rules may kindly be made to me. Detail of Medical Treatment expenditure is mentioned in the attached Non Availability Certificate.

Signature: _____

Applicant Name: _____

Mobile No: _____

FOR USE OF ACCOUNTS SECTION

Recommended and checked/verified by the Syed Tasbeehullah Jan, the bill(s) have been checked. A sum of Rs..... is permissible under the Centre Medical rules.

Signature:

FOR USE OF INTERNAL AUDIT SECTION

The medical bills have been audited and recommended for payment of Rs..... Or returned for the following shortfalls/comments:

- 1.
- 2.
- 3.

Signature of Internal Audit