APPLICATION FORM FOR REIMBURSEMENT OF MEDICAL CHARGES IN RESPECT OF SERVING/RETIRED GOVERNMENT SERVANT AND HIS/HER DEPENDENTS

PART-A

1. Name, designation, BPS, of the serving/~~retired~~ Federal Government servant, (Alive/~~Deceased~~)

**MUHAMMAD SARFRAZ AKBAR**, **Assistant (BPS-16)**

1. Name of the patient and relationship with the claimant as dependent, as specified in rule 2(d) of the Federal Services Medical Attendance Rules, 1990 Khadija Sarfraz , ( Father/Daughter)
2. Diagnosis of the patient Steroid Resistant Nephrotic Syndrome
3. Ministry/Division/Department/Office of the serving/~~retired~~ Government servant at S. No. 1

**SENATE SECRETARIAT, PARLIAMENT HOUSE, ISLAMABAD**

1. Vendor No. and PPO No. for retired
2. List of medicines with quantity/hospital bill/laboratory and other diagnostic charges etc. for which reimbursement is claimed through this bill (format attached).

PART-B

Certificates by Government servant (or member of his family in case of deceased Government servant) Certified that:

* 1. The member(s) of my family for whose treatment reimbursement has been claimed is wholly dependent upon me.
  2. The claim was not drawn before.
  3. I shall have no objection to the recovery of my amount overpaid, if any, from my pay/pension or otherwise.

Signature: FULL NAME OF THE GOVERNMENT SERVANT

Or (claimant family member in case of deceased)

**MUHAMMAD SARFRAZ AKBAR**

Date:

(IN BLOCK LETTERS)

CERTIFICATES BY THE AUTHORIZED MEDICAL ATTENDANT

Certified that the medicines/drugs/hospitalization/clinical tests / examinations listed below were

essential for the recovery and restoration of the patient~~, Mr.~~ /~~Mrs. /~~Miss. Khadija Sarfraz

2. It is further certified that neither the medicines/drugs etc. nor their effective substitutes could be supplied from the hospital/dispensary.

Dated:

Signature Designation Official Stamp

COUNTERSIGNATURES

Departmental Controlling Authority Hospital Authority

Signature Designation Official Stamp

Signature Designation Official Stamp

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Description** | **Pharmacy** | **Quantity** | **Rate/Inj** | **Amount** |
|  | Injection Meronem IV 1gm | Hareem Pharmacy  Blue Area, Islamabad | 14 | Rs.2783 | Rs. 38,968/- |
|  | Injection Leflox 500mg | Hareem Pharmacy  Blue Area, Islamabad | 14 | Rs.370 | Rs. 5,180/- |
|  | Injection Solu-Cortef 200 mg | Hareem Pharmacy  Blue Area, Islamabad | 14 | Rs.150 | Rs. 2,107/- |
|  | Injection Ruling 40 mg | Hareem Pharmacy  Blue Area, Islamabad | 7 | Rs.318 | Rs. 2,226/- |
|  | Injection Flagyl 500mg | Hareem Pharmacy  Blue Area, Islamabad | 14 | Rs.135 | Rs. 1,890/- |
|  | Tablet Ponstan Fort | Hareem Pharmacy  Blue Area, Islamabad | 15 | Rs.3 | Rs. 45/- |
| **Total Amount** | | | | | **Rs. 50,416/-** |

Signature:

**Shanawar Hussain Mughal**

Full Name of the Government Servant