



OFFICE OF THE MEDICAL SUPERINTENDENT SERVICES HOSPITAL
AND CIVIL SURGEON KARACHI



NO.SHK (RE-IMBURSEMENT)/- _____

DATED: _____

NON-AVAILABILITY CERTIFICATE

SIGNATURE: _____

01	NAME OF CIVIL SERVANT & AGE	
02	DESIGNATION WITH BPS/DEPARTMENT	
03	NAME OF PATIENT & RELATION WITH INCUMBENT	
04	NATURE OF ILLNESS.	
05	DESIGNATION AND PRESCRIPTION OF AUTHORIZED MEDICAL ATTENDANT ARE ATTACHED. NO CLAIM WILL BE ENTERTAINED UNLESS IT IS ACCOMPANIED BY PRESCRIPTION OF AUTHORIZED MEDICAL ATTENDANT.	
06	WHETHER TREATMENT WAS TAKEN AT A GOVT HOSPITAL IF SO, ENTRY NO WITH DATE & TIME.	
07	WHETHER TREATMENT WAS TAKEN AT GOVT HOSPITAL IF NO WHY.	
08	WHETHER TREATMENT WAS TAKEN AT PRIVATE HOSPITAL IF YES, MENTION THE REASONS.	
09	WHETHER IT WAS EMERGENCY CASE IF SO WAS HE REFERRED BY WHO TO PRIVATE HOSPITAL: FOR THE REASONS THAT. a) REASONS FOR EMERGENCY. b) THE TREATMENT/FACILITY/TEST/MEDICINE WAS NOT AVAILABLE AT ANY GOVT HOSPITAL (PLEASE SPECIFY TREATMENT SUGGESTED).	
10	WHETHER ANY MEDICAL BOARD WAS CONSTITUTED IF YES ATTACH ITS RECOMMENDATIONS.	
11	IN CASE OF ACCIDENT. (I) NATURE OF ACCIDENT AND INJURIES: (II) PLACE OF ACCIDENT AND DATE:	
12	AMOUNT CLAIM BY PATIENT.	
13	AMOUNT RECOMMENDED BY CIVIL SURGEON	

CERTIFICATE

It is certified that the case was of emergent nature for which treatment was not available at any of the Government Hospital located in vicinity and delay could have risk his/ her life and was accordingly referred to _____ Hospital. It is further certified that drugs/medicines prescribed by the private Hospital/ Medical Attendant to whom case was referred to, the details whereof are as under, are not available in the Government Hospital and were accordingly purchased by the claimant vide vouchers No. _____ dated _____ amounting to (aggregate) as Rs. _____ and are recommended for reimbursement.

- (a) _____
- (b) _____
- (c) _____

MEDICAL SUPERINTENDENT
SERVICES HOSPITAL AND CIVIL SURGEON
KARACHI

MEDICAL REIMBURSEMENT CLAIM
P R O F O R M A

01.	NAME OF CIVIL SERVANT & AGE	
02.	DESIGNATION	
03.	GRADE (PBS)	
04.	CONTANT NO	
05.	C.N.I.C	(COPY ENCLOSED)
06.	DATE OF APPOINTMENT	
07.	PRESENT POSTING	(COPY ENCLOSED)
08.	P.P. NO	
09.	DRAWING PENSION FROM (GOS) OR (GOP)	(COPY ENCLOSED)
10.	PATIENT NAME	
11.	RELATION WITH EMPLOYEE	
12.	C.N.I.C	
13.	NATURE OF DISCEASES	
14.	PREVIOUS RMC DETAILS (CURRENT FINANCIAL YEAR)	

- i) This to certify that the above information is correct and enclosed bill amounting to Rs: _____ /- (Rupees **ONLY**) are correct and genuine. _____, is presently not posted in Authority, Autonomous Body, Project, etc; Also during the claim period he served in Government of Sindh.

Drawing Disbursing Officer

PROFORMA FOR MEDICAL REIMBURSEMENT

SUBJECT:- REQUEST FOR SANCTION OF RS. _____ FOR MEDICAL REIMBURSEMENT IN
FAVOUR OF MR /MRS _____

PARTICULARS AND STATUS

- A) NAME OF DEPARTMENT : _____
- B) PARTICULARS OF EMPLOYEE / PATIENT
- i) Name of Employee : _____
- ii) Designation / BPS : _____
- iii) Regular / Contact / Adhoc : _____
- iv) Service (Authority / Board/ Govt. of Sindh) : _____
- v) Father's / Husband's Name : _____
- vii) C.N.I.C Number (copy enclosed) : _____
- viii) Personal I.D / P.P.O Number (Copy Enclosed) : _____
- ix) Relationship with Patient : _____
- x) Name of Patient : _____
- xi) C.N.I.C Number Patient (copy enclosed) : _____
- xii) Form "B" (If patient is minor) (Copy Enclose) : _____
- xiii) Name / Nature of Disease : _____
 (Pl. ensure that name and nature of
- xiv) diseases (Chronic, Non-Chronic) etc. are Clearly identified (mentioned by Medical Board). : _____

C) **Details of Re-imburement claim availed during current Financial year**

S.R. NO.	SUBJECT	Year	Amount
i)	Details of previous claims		
	a) Through Administrative Department		
	b) Through Finance Department		
	TOTAL:-		

E) DETAILS OF SUBJECT CLAIM:

SR. NO.	SUBJECT	Amount	Deduction	Net Amount of Claim
i)	<u>Deductions</u> a) on account of Extra Room Charges b) Amount not Recommended by Medical Board c) Amount beyond Entitlement d) Any other reason			
	TOTAL			

F) BUDGET POSITION

SR. NO	SUBJECT	REVISED ESTIMATES 2018-19	EXPENDITURE	BALANCE
i)	Position of Budget for Medical Charges Provided to A.D			
ii)	Reason for sending bill to Finance Department if within prescribed ceiling of Administrative Department. (Whether sufficient funds are not available or bills are pending against available funds etc).			

G) Confirmation : a) It is confirmed that the amount of subject bill has not been claimed by the incumbent previously.
b) the claim does not include bills beyond three years.

I) Recommendation : The amount of Rs. _____ (Rupees _____) may be sanctioned in favour of Mr./Ms. _____, during current financial year

SECTION OFFICER
(Concerned / D.D.O)