

OFFICE OF THE MEDICAL SUPTD./CIVIL SUREGEION,
SERVICES HOSPITAL, KARACHI

No.DSHK/REIMBURSEMENT _____ DATED _____

NON-AVAILABILITYH CERTIFICATE

SIGNATURE: _____

1. NAME OF CIVIL SERVANTS & AGE _____
2. DESIGNATION WITH BPS/DEPARTMENT _____
3. NAME OF PATINENT & RELATION WITH INCUMBENT. _____
4. NATURE OF ILLNESS. _____
5. DESIGNATIONA DN PRESCRIPTION OF AUTHORIZED MEDICAL ATTENDENT ARE ATTACHED (NO CLAIM WILL BE ENTERTAINED UNLESS IT IS ACCOMPANIED BY PRESCRIPTION OF AUTHORIZED MEDICAL ATTENDANT. _____
6. WHETHER PATIENT GOT REGISTERED AT A GOVT. HOSPITAL? IF SO, ENTRY NO WITH DATE & TIME. _____
7. WHETHER TREATMENT WAS TANKEN AT GOVT. HOSPITAL ? IF NO WHY. _____
8. WHEATHER TREATMENT WAS TAKEN PRIVATE HOSPITAL, IF YES, MENTION THE REASONS. _____
9. WHETHER IT WAS EMERGENY CASE, IF SO WAS HE REFERRED BY WHO TO PRIVATE HOSPITAL. FOR THE REASON THAT:
I. REASON FOR EMERGENCY. _____
II. TREATMENT/FACILITY/TEST/MEDICINES WAS NOT AVAILABLE AT GOVERNMENT HOSPITAL(PLEASE SPECIFY TREATMENT SUGGESTED.) _____
10. WEATHER ANY MEDICAL BOARD WAS CONSTITUTED: IF YES ATTACH ITS RECCOMENDATIONS. _____
11. IN CASE OF ACCIDENT:
I) NATURE OF ACCIDENT _____
II) PLACE OF ACCIDENT AND DATE _____
12. AMOUNT CLAIMED BY PATIENT _____
13. AMOUNT RECOMMENDED BY MS/CS. _____

CERTIFICATE

Certified that the Claim has been counter-signed. Drugs/Medicines/Claimanant included in Bills/Vouchers

No. _____

dated _____

amounting to Rs. _____ (Rupees _____)

not available in the Hospital and were essential for the recovery of the patinent and are neither Diet/Tonic. Those were therefore, purchased by the claimant from local market for treatment etc, etc.

MEDICAL SUPERINTENDENT
SERVICES HOSPITAL & CIVIL SURGEON
KARACHI.