



OFFICE OF THE MEDICAL SUPERINTENDENT, SERVICES
HOSPITAL AND CIVIL SURGEON, KARACHI

NO: SHK (RE-IMBURSEMENT)/

Dated: _____ - _____ - 20_____.

NON-AVAILABILITY CERTIFICATE

Signature : _____

1. Name of Government Servant & Age : _____
2. Designation with BPS & Department : _____
3. Name of patient and relation with the Incumbent : _____
4. Nature of illness/sickness : _____
5. Designation and description of the authorized medical attendant are attached. No claim will be entertained unless it is accompanied by prescription of the authorized medical attendant : _____
6. Whether treatment was taken at a Government Hospital. If so, entry No. with date and time : _____
7. Whether treatment was taken at a Government Hospital. If no, why ? : _____
8. Whether treatment was taken at Private Hospital. If yes, mentioned the reasons. : _____
9. Whether it was emergency case. If so, "By whom was he/she referred to the Private Hospital?" For the reasons that : _____
 - a) Reason for emergency : _____
 - b) Medical treatment / facility / test / medicines was/were not available at any Government 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 claimed by the Patient : _____
13. Amount recommended by the Civil Surgeon : Rs. _____
In words _____

C E R T I F I C A T E

It is certified that the case 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 the drug/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) _____

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