

Outdoor Ticket No \_\_\_\_\_ Name of the claimant \_\_\_\_\_ Dated \_\_\_\_\_  
Basic pay \_\_\_\_\_

I certify that Mr/Smt./Miss \_\_\_\_\_ son /Daughter /Wife  
/Mother/Father of Sh. \_\_\_\_\_ Employed in the office of the  
\_\_\_\_\_ has been under my treatment at \_\_\_\_\_  
Dispensary / Hospital and that the under mentioned medicines, prescribed by me in this  
connection were absolutely essential for the treatment and recovery / prevention of  
serious deterioration in the condition of the patient.

1. The medicines were not stocked in \_\_\_\_\_ Dispensary /Hospital for  
supply to the entitled patient, do not include of proprietary preparation for which cheaper  
substitutes of equal value are not available, primarily foods, toilets or disinfectants.
2. Certified that treatment, as an indoor patient was not necessary.
3. Certified that the medicines charges have not cheaper effective substitutes.
4. Certified that the medicines are not borne in the list of medical store department.
5. Certified that the price claimed is reasonable.
6. Certified that the medicines are not in the nature or tonic etc.
7. Certified that the medicines prescribed are not in the list of non-reimbursement  
medicines / articles fast reviewed vide Punjab Govt. letter No.17014-S-15831 Dt on  
BRI-170, 25.1.1967.

He / She was suffering from \_\_\_\_\_ and the period from \_\_\_\_\_ to \_\_\_\_\_

S.No.	Name of Medicines (in Block letters)	Quantity	Name of the Chemist	Date & No. of. Cash Memo	Rs.
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Signature of the Authorized  
Medical Attendant.

1. Certified that my Father / Mother / Brother/ Sister / is wholly and solely dependent  
upon me and residing with me. He/she has no source of income of his / her own  
whatsoever.
2. Certified that my wife / son /daughter is wholly and solely depend upon me and  
residing with me. She / He is not in Govt. service .
3. Certified that the treatment pertains to myself.
4. Certified that the medicines were purchased & consumed during the period of  
treatment.

Signature of the claimant  
with designation.