

**KHWAJA FAREED UNIVERSITY OF ENGINEERING & INFORMATION**

**TECHNOLOGY, RAHIM YAR KHAN**

**APPLICATION FORM  
FOR REIMBURSEMENT OF MEDICAL CHARGES**

<b>Section-1: KFUEIT EMPLOYEE INFORMATION</b>	
<b>KFUEIT Employee</b>	
Name _____	
Designation _____	Department _____
Basic Scale _____	Permanent Address _____
_____	

Sr. No.	Name of Patient	Relation with Employee	Name of Claim	Details of Disease	Claim Amount
1					
2					
3					
<b>Total</b>					

<b>DECLARATION TO BE SIGNED BY THE KFUEIT</b>	
I solemnly declare under oath that expenses mentioned in this bill are original. If any bill/receipt is found bogus, I will be responsible for refund of the money & liable for penalty decided by the competent authority.	
Date: _____	KFUEIT Employ (Applicant)
Signature _____	
<b>TO BE SIGNED BY THE HEAD OF DEPARTMENT</b>	
Verified & Forward by the head of Department	
Date _____	Head of Department /Chairman
	Signature & Stamp _____

**MEDICAL CHARGES VERIFICATION CERTIFICATE**

Certified that I carefully checked and verified all the Bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical Charges as given in the medical charges summary statement, found correct in all aspects.

We further confirm that the rates of claim bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical Charges are according to the Government rates.

\_\_\_\_\_ Date \_\_\_\_\_

Signature & Stamp: Medical Officer (Male)

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**“CERTIFICATE” to be signed by the Treasurer’s office**

Certified that the Reimbursement claim of Mr.

/Mrs. \_\_\_\_\_ for

Rs. \_\_\_\_\_ in order, and he/she opted for the KFUEIT Medical Officer

Rule

1. Also certified that he joined KFUIET service at \_\_\_\_\_ as Regular/whole time employee.

Date: \_\_\_\_\_

Treasurer \_\_\_\_\_

(Signature & Stamp)

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