

NON AVAILABILITY CERTIFICATE

Name of the Govt. Servant _____

Designation _____ Name of Patient _____

Age _____ Relationship with Govt. Servant _____

Diagnosis/Disease Treated/ Procedure undertaken _____

Hospital/Department _____ PROVINCIAL ASSEMBLY OF THE PUNJAB, LAHORE

Actual amount claimed (Rs.) (In words) _____

Amount recommended by the Hospital Pharmacist (Rs.) _____

(in words _____)

Signature of Government Servant

**SIGNATURES OF HOSPITAL
PHARMACIST
(By-name stamp)**

- I. All cash memos have been thoroughly checked against prescriptions _____
- II. Costs given in vouchers are correct. _____
- III. Total amount has been calculated correctly. _____
- IV. Neither these medicines /tests/items/ nor their effective substitute
were available in the stock of this hospital at the time of treatment. _____
- V. All items recommended for the reimbursement as their
use was essential for treatment/restoration of his/her health. _____
- VI. No medicine was prescribed as tonic or food. _____
- VII. No non-reimbursable items are being recommended. _____

Justification (other than given at (V) above) if any non-reimbursable item has been recommended along with vouchers No., Date _____

**HOSPITAL PHARMACIST
(By-name stamp)**

**AUTHORISED MEDICAL ATTENDANT
(By-name stamp)**

COUNTERSIGNED

**MEDICAL SUPERINTENDENT
(By-name stamp)
&
(EMBOSS SEAL)**