Name of Govt. Servant: Designation: Name of Patient: Plagnosis/Disease Treated/Procedure Undertaken: Hospital/Department: Provincial Assembly of the Punjab Actual amount claimed (Rs.) (In words): Amount Recommended by the Hospital: Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly. IV. Neither these medicines/test/items nor their effective substitutes are available at the time of	Mac	hine No: Date:	
Designation:		NON AVAILABILITY CERTIFICATE	
Relationship with Govt. Servant: Diagnosis/Disease Treated/Procedure Undertaken: Hospital/Department: Provincial Assembly of the Punjab Actual amount claimed (Rs.) (In words): Amount Recommended by the Hospital: Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Nam	ne of Govt. Servant:	
Diagnosis/Disease Treated/Procedure Undertaken: Hospital/Department: Provincial Assembly of the Punjab Actual amount claimed (Rs.) (In words): Amount Recommended by the Hospital: Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Desi	gnation:Name of Patient: _Age:	
Hospital/Department:Provincial Assembly of the Punjab Actual amount claimed (Rs.) (In words): Amount Recommended by the Hospital: Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant	Rela	tionship with Govt. Servant:	
Actual amount claimed (Rs.) (In words):	Diag	nosis/Disease Treated/Procedure Undertaken:	
Amount Recommended by the Hospital: Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Hosp	pital/Department:Provincial Assembly of the Punjab	
Pharmacist (Rs.): In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Actu	al amount claimed (Rs.) (In words):	
In words: It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Amo	ount Recommended by the Hospital:	
It is certified that for the period mentioned on prescription no previous claim was made: Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	Phar	macist (Rs.):	
Signature of Govt. Servant Signature of Hospital Pharmacist I. All cash memos have been thoroughly checked against prescription. II. Costs given in vouchers are correct. III. Total amount has been calculated correctly.	In w	ords:	
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II. Costs given in vouchers are correct.III. Total amount has been calculated correctly.			
III. Total amount has been calculated correctly.			
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treatment patients.			
V. All items recommended for reimbursement as their use was essential for	V.	All items recommended for reimbursement as their use was essential for	
treatment/restoration of his / her health.	T 77		
VI. No medicine was prescribed as tonic or food. VII. No non-reimbursable items are being recommended.		<u> </u>	

HOSPITAL PHARMACIST AUTHORISED MEDICAL ATTENDANT (By Name Stamp)

COUNTERSIGNED

Justification (other than given at (V) above) If any non-reimbursable items has been

recommended alongwith vouchers. No. Date:

MEDICAL SUPERINTENDENT

(EMBOSS SEAL)