



# PARC - National Agricultural Research Center

(Directorate of Admin & General Services)

(Medical Section)

Park Road, Islamabad

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

## **OUTDOOR REIMBURSEMENT CLAIM PROFORMA**

### **A. EMPLOYEE/PENSIONER**

Employee Code	PPO NO. (If retired)
Employee Name	Designation and scale
Posting	Contact
Residential Address	

### **B. PATIENT**

Patient Name	Relationship	Age/Gender
Patient Name	Relationship	Age/Gender

### **C. CLAIM**

PARTICULAR	HOSPITAL/LAB/DOCTOR	AMOUNT CLAIMED (Rs.)	REMARKS
Consultation			
Medical Tests			
Other _____			
<b>Total</b>			

#### **Documents to be attached:**

- All bills/invoices duly signed/stamped and verified by the employee/pensioner (ORIGINAL)
- Prescription(s) of the doctor concerned (PHOTOCOPY)
- Computerized Employee Medical Card (PHOTOCOPY)

#### **Disclaimer**

Medical claims are subject to PARC Employees Medical (Attendance and Treatment), Regulations, 1990 and any instructions/Policy issued by the Competent Authority from time to time. The amount claimed may not be reimbursed in full.

#### **Undertaking by the employee:**

The above amount has not been claimed previously.  
In case of fake/fraudulent claims, I may be proceeded against in accordance with the relevant rules.

( \_\_\_\_\_ )  
EMPLOYEE NAME SIGNATURE WITH DATE