

Outdoor Ticket No. \_\_\_\_\_

Dated \_\_\_\_\_

Basic Pay Rs. \_\_\_\_\_ P. M.

I certify that Mr./Mrs./Miss. \_\_\_\_\_ son/wife/daughter/father/mother of Shri/Smt./Km. \_\_\_\_\_ employed in Indian Institute of Science Education and Research Mohali has been under my treatment at \_\_\_\_\_ clinic/dispensary/hospital and the undermentioned medicines prescribed by me in this connection are absolutely essential for the treatment and recovery of the patient. The medicines were not stocked in the \_\_\_\_\_ clinic/dispensary for supply to entitled patient and do not include proprietary preparation for which cheaper substitutes or equal the reautic value are available for prescription which are primarily food, toilets or disinfectants.

2. Certified that treatment as in patient was not necessary.
3. Certified that the medicines prescribed have no cheaper affective substitutes.
4. Certified that the medicines are borne/not borne on the list of medical store department.
5. Certified that the medicines are not in the nature of tonic etc.
6. Certified that the medicines prescribed are not in the list of the non-reimburseable medicines.
7. He/She was suffering from \_\_\_\_\_
8. Period of treatment from \_\_\_\_\_ to \_\_\_\_\_

Sr. No.	Name of Medicines in Block letters and quantity	Name of the Chemist from which purchased	Cash Memo No. & Date	Price Rs.

(Rupees \_\_\_\_\_ Only).

Signature & Designation of  
Medical Officer

1. Certified that my wife/son/daughter is wholly and solely dependent upon me and residing with me. He/She is not in Government service.
2. Certified that my father/mother is wholly and solely dependent upon me and residing with me. He/She is not in Government Service.
3. Certified that medicines are purchased in time.
4. Certified that the treatment pertains to myself.

Signature of the Claimant.