**Quaid-I-Azam UNIVERSITY Islamabad**

**PROFORMA FOR APPLYING INDOOR/Prolonged MEDICAL TREATMENT**

Please fill out the column given below for permission for Indoor/Prolonged medical treatment:

|  |  |  |
| --- | --- | --- |
|  | Name & Designation of Employee: |  |
|  | Department: |  |
|  | Status of employee (Serving/retired etc): |  |
|  | Name of Patient (copy of CNIC is mandatory in all cases is required to attach): |  |
|  | Relationship of patient with employee;   1. In case of dependent parent(s), an undertaking is required to attach with the request that parent(s) are wholly dependent on the employee. 2. Medical treatment of adult son is admissible upto the age of 18 years. | |  |  |  | | --- | --- | --- | | Parents | Spouse | Son/daughter | |
|  | Age of the patient |  |
|  | Prescription of doctor /Admission/Discharge (copy of relevant documents enclosed): | Yes/No |
|  | Name of Hospital:  (Govt/ Private/ Trust) |  |
|  | Reason being admitted in private hospital |  |
|  | Nature of treatment | (indoor/Emergency/ Prolonged) |
|  | Advance for medical treatment dully recommended by doctor concerned. | Doctor’s advice/hospital demand attached   |  |  | | --- | --- | | Yes | No | |
|  | Any other |  |
| **Certification**: It is certified the necessary documents as mentioned above are enclosed herewith. Therefore, it is requested to kindly allow me for indoor /prolonged medical treatment.  Signature ……………………  Dated………………….. | | |
| Recommendation by the Chairperson | | |
| Comments of Principal Medical Officer (PMO) | | |
| Registrar | | |
| Vice Chancellor | | |