



# PARC - National Agricultural Research Center

(Directorate of Admin & General Services)

(Medical Section)

Park Road, Islamabad

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

## **INDOOR PRIOR PERMISSION/ REFERRAL PROFORMA**

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

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

### **B. PATIENT AND TREATMENT:**

Patient Name	Relationship
Age/Gender	Treatment to be availed / Disease
Hospital	Panel (Yes/No)
Tentative Date of Admission	Estimated Cost
If Non-Panel, mention justification of not availing from panel hospital	

### **BRIEF DESCRIPTION:**

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

- 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 instructions issued by the Competent Authority from time to time. The amount claimed may not be reimbursed in full. For indoor treatment in a hospital, prior permission of the competent authority shall be obtained. In emergency cases however, permission of the competent authority may be obtained within a week from the date of admission in a hospital.

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

In case of any fraudulent permission, I may be proceeded against in accordance with the relevant rules.

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