

NATIONAL HIGHWAY AUTHORITY



TO WHOM IT MAY CONCERN

RE-IMBURSEMENT OF MONTHLY MEDICAL RE-IMBURSEMENT PAID BY INDIVIDUAL CONCERNED

**Reference: Welfare Bureau (Estab. Dte) Admn. Wing Circular No.41 (192)
Admn-/W/NHA/17/346 Dated 06th September 2017 on the subject
mentioned above.**

(As per Administrative Manual "Residue of ceiling for a month shall, if not consumed during
that month accumulate to the next month but shall lapse at the end of each financial year")

Employee Category: (Tick the relevant Box ✓)

Regular	Contract	D/W Regular	Contract Regular	Sacked Regular	NTRC
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I, _____ S/D/W/o _____

Designation _____ as **Married/Un-Married** hereby certified that I
(5000/-) (2500/-)
(Tick the relevant ✓)

have spent **Rs.** _____ **Per Month** on the purchase of medicines, during the
Month/Months of _____ (**Total Amount Rs.** _____).

Signature: _____

Department/Section: _____

Bank Account No. _____

Dated: _____

CNIC: _____

Note: Proforma/Claim may be filled in hand written.