

NATIONAL HIGHWAY AUTHORITY
WELFARE-I SECTION

CERTIFICATE
BY CMO/RMO

1. Name of Employee _____ S/o _____
(CNIC _____)
2. Designation _____
3. Name of Patient _____ 2. Relation with employee _____
4. Name of Region _____ 5. Place of Posting _____
6. Head of Account _____

7. It is certified that I personally checked the patient along with his/her reports and found that he is suffering from the following disease (S) (Tick in the relevant box)

- Cancer;
- Heart Diseases;
- Hypertension;
- Diabetes Mellitus;
- Renal Diseases;
- Hepatitis (initially for six months);
- Bronchial Asthma;
- Tuberculosis treatment (Full course);
- Accident Cases;
- Ulcer;
- Epilipsy;
- Multiple Scleroses;

8. He is required medicine (S) against the disease (S) mentioned above.

9. Following documents are attached: -

- i. Latest Prescription of Consultant duly verified.
- ii. Copies of latest reports
- iii. Copy of Medical Book

Signature _____

Name of CMO/RMO _____

Name of Region _____