

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD  
(HUMAN RESOURCE-II SECTION)

No. HR-II. 16(1)/2013-IIU-4497

November 20, 2013

**CIRCULAR**

The Human Resource Department has to grant permission to the employees for getting indoor medical treatment for themselves as well as their dependents. It has been observed that the applications submitted by the employees specially low grade employees did not contain the specific information i.e. name of the patient, relationship with the patient and name of the Hospital etc.

2. Kindly find enclosed herewith an Application Form duly approved by the President, IIU for submission in the respective Section of HR Department and to be filled by employees when they required permission for indoor medical treatment of themselves as well as their dependents.



(Rustom Khan)  
Assistant Director (HR-II)

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD**  
**(HUMAN RESOURCE DEPARTMENT)**

**APPLICATION FORM FOR INDOOR MEDICAL TREATMENT**

Name of employee: \_\_\_\_\_

Father's/Husband Name : \_\_\_\_\_

Designation & BPS: \_\_\_\_\_

Section/Deptt: \_\_\_\_\_

Status:                      Regular                       Contract                       Adhoc

**DETAIL OF PATIENT:**

Name of Patient	Relation with employee	Date of birth	NIC No. (copy of form "B" be attached)

Emergency/Normal: \_\_\_\_\_  
(if any, copy of prescription/advice of Doctor be attached).

Hospital Name: \_\_\_\_\_

Others: \_\_\_\_\_

Signature of Employee \_\_\_\_\_  
Date: \_\_\_\_\_

Respective Sectional Head of HR Department

*Handwritten signature*