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**APPLICATION FORM FOR EXCHANGE FOR MEDICAL
TREATMENT ABROAD**

The original and duplicate of these forms must be submitted to the Medical Authority as indicated on the form.

Original (For Medical Authority)

Duplicate
(For State Bank)

1. Name and address of Authorised Dealer through whom application for foreign exchange will subsequently be made to the State Bank
2. Name and address of the applicant
3. Nationality, Passport No. date & place of its issue
4. Age
5. Period of continuous residence in Pakistan
6. Nature of Disease
7. Particulars of treatment already received
8. Names of Institutions/Doctors who have carried out the above treatment
9. Treatment contemplated and in which country/countries.
10. Anticipated length of stay abroad under treatment
11. Estimated cost of the treatment:
- (i) Estimated expenses for operation
- (ii) Estimated expenses for medicines
- (iii) Estimated expenses for consultation/
Medical Advice
- (iv) Estimated expenses for boarding and lodging
in hospital/outside.
- Total :

P.T.O

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I hereby certify that the particulars given above are correct and that in consideration of the State Bank of Pakistan sanctioning the foreign exchange for my medical treatment abroad I hereby undertake to submit to the State Bank a detailed account of the expenses incurred by me in connection with my proposed medical treatment and will submit to them medical/hospital bills/vouchers in support of the statement immediately after my arrival in Pakistan from

.....
Signature of the applicant

Name and Full Address:.....
.....
.....

Date:

CERTIFICATE OF THE MEDICAL BOARD

It is confirmed that Mr./Mrs./Miss has been examined on by the Medical Board set up for the purpose and he/she is suffering from

2. In the opinion of the Medical Board the ailment from which he/she has been suffering is/is not serious and it is/is not essential for him/her to proceed to for treatment. For this purpose the Medical Board has recommended release of exchange £/\$..... for treatment. The broad basis for the amount recommended is indicated below:-

- | | |
|--|--------------|
| 1. Estimated expenses for Operation | £./\$. |
| 2. Estimated expenses for Medicines | £./\$. |
| 3. Estimated expenses for consultation /Medical Advice | £./\$. |
| 4. Estimated expenses for Boarding/Lodging in Hospital/Outside | £./\$. |

Dated.....

Place of Examination
District
Province

(Principal, Provincial Medical
Authority).

(Contd.)

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I have examined the medical evidence submitted in support of the case and my recommendations are as follows:-

No.

Date

Place

(Director-General of Health)
Government of Pakistan

Important Instructions

1. Application for release of exchange exceeding US\$ 7500/- for medical treatment abroad must be submitted through the Director-General of Health, Government of Pakistan
2. Applicants are advised to support their applications with all documentary evidences available.
3. If the treatment is required outside Europe the Board should specially record reasons for such treatment.
4. Exchange facility for medical treatment will be allowed subject to the condition that a statement of expenditure, together with supporting vouchers will be submitted to the State Bank. Those not producing such a statement will be liable to action under Foreign Exchange Regulation Act, 1947
5. Request for further remittances of foreign exchange should be routed through Pakistan Embassy concerned duly supported by a statement of account and bills for the initial release of foreign exchange.