	SAHIB AZ ZAMAN (A.S)
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* 27 JUN 2024 * Tel: 0	81-2662104 5
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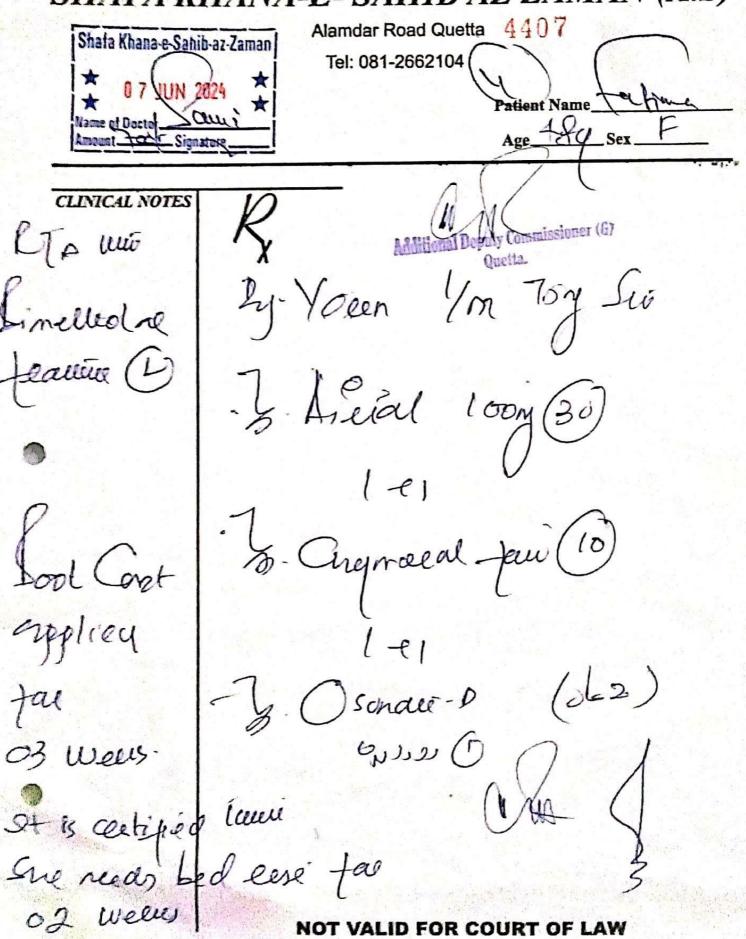
Shifa Khana (Darul Shafa) Medical Store

Alamdar Road, Quetta. Ph: 2660543

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Date 7/June 24.			Nb(117		
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2)	Conston Cotton 6#.	297	594
4)	Lasiz Glouge	60	60
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1)	5cc Symj.	20	20
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10)	Tab; Chymorol fort	132	132
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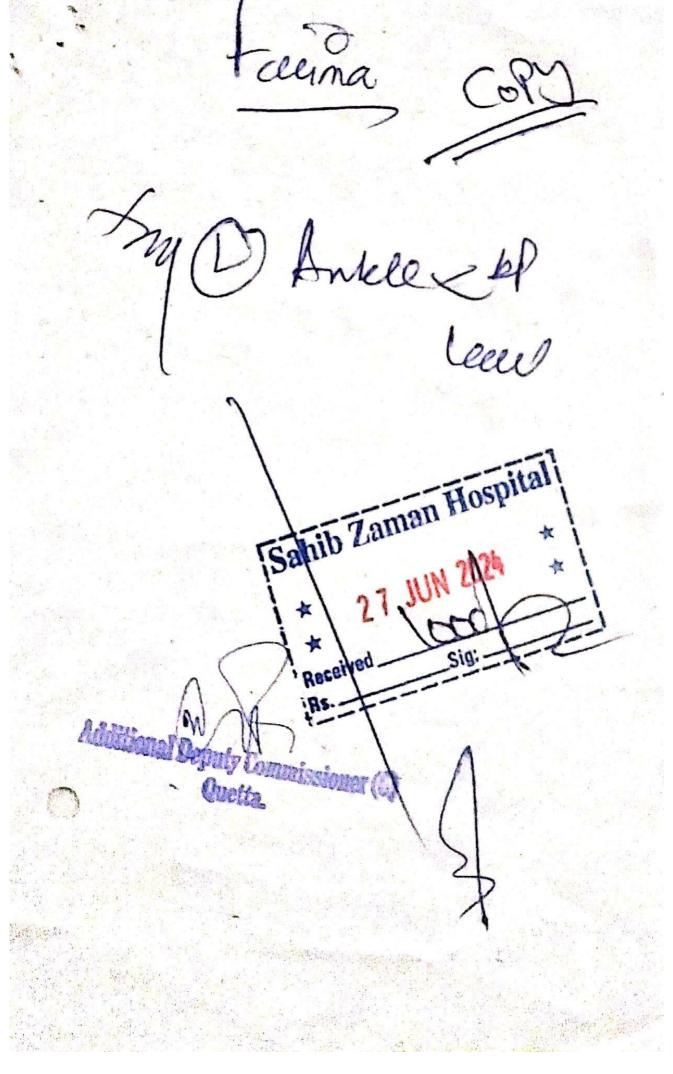
SHAFA KHANA-E- SAHIB AZ ZAMAN (A.S)

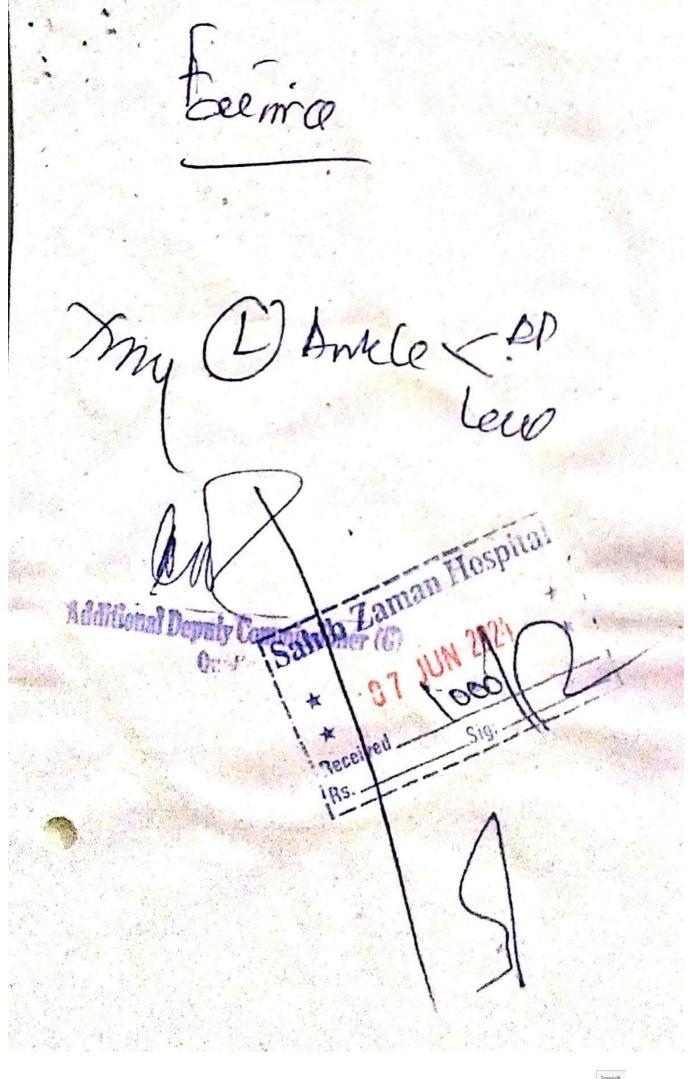


Shifa Khana (Dar ul Shifa) Medical Store Alamdar Road, Quetta. Ph: 081-2660543 AR/645/16-R-QTA Date 2 7.6. 2024 No. falime Name AMOUNT RATE QTY **PARTICULAR** Cap will-D Tob Scaled-Plus 546 102 28 02/8/7.5 2200 Hoo Honel Day by Commissioner (6)

E&O.E. Signature

TOTAL 4456







OFFICE OF THE DEPUTY COMMISSIONER QUETTA

Tel: 9201406 Fax: 9202193

No 143 DEOC/DC/QTA

Dated 3rd July, 2024

To,

EOC Coordinator, Quetta Balochistan.

SUBJECT: - Request for Emergency Relief Fund of Injured Polio Staff

Please refer to subject cited above Ms. Fatima Khadim, Area Supervisor of Ward 6-7, who was injured on June 7th, 2024 due to road accident at Qurban Police Streat Near Serena Shopping Centre Mariabad Quetta. She got her treatment done from Shifa khana Sahib Zaman Hospital Quetta, incurring expenses of Rs. 11970 (bills attached).

Ms. Fatima, a dedicated member of CTC (CHIP Training and Consulting) has been serving this National Cause (Polio Eradication Initiative Program) since 2016. Considering her services and dedication, your kind self is requested to recommend her case further, so that she may continue to work with same zeal and zest as before, supporting documents have also been attached.

ADD: Deputy Commissioner (G)
Quetta

C.C

1. DHO Quetta.

- 2. UNICEF Team Leader.
- 3. WHO Team Leader.
- 4. Technical Focal Person BMGF.
- 5. NSTOP Officer.

(Mr. Anwar Kakar) ADD: Deputy Commissioner (G) Quetta



Know all men b these present that miss Fatima d/o Khadim Hussain , injured while performing polio duty on 7th June , 2024 at QURBAN POLICE STREET NEAR SARINA SHOPPING CENTER MARIABAD (67) due to accident. I went to shafa-khana-e-sahib-az-zaman (copy of medical certificate dated 07-june-2024—attached) and request for financial assistance by NEOC through ERF

I acknowledge and agree to the fact that any relief provided by the NEOC is solely an additional benefit/relief for me, and has no bearing / relationship with any outer benefit(s) applicable toward me and that the decision by the NEOC regarding provision or denying any relief, amount of relief and/or period of provision of relief, shall not be challenged by me, at any forum including the honorable court of law at any stage.

I also certify that only upon submission of complete documentation as specified by the NEOC, I will be eligible for the ERF (relief amount)

DEPONENT

Name: Fatima

Fathers name: Khadim Hussain

CNIC NO: 54400-8968983-4

SINGNATURE/THUMB IMPRESSION:

Witness

[Govt official as nominated by DEOC, Name , designation , cnic , signature/ thumb

impression)

SWORN BEFORE ME

Adverage High Cour



