



PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY

The Budget & Accounts Officer,
Pension Disbursing Office,

Subject: - **BEDRIDDEN CERTIFICATE FOR THREE MONTHS**

It is certified that Mr/Mrs/Ms _____
S/O/W/O/D/O _____ CNIC# _____
Mobile No. _____ PTCL No. _____ E-Mail ID _____
_____ Bank Account No. _____ Name of Bank & Branch _____
_____ Resident of _____ is a
bedridden patient. It is assessed that he/she may not move from bed w.e.f. _____
to _____.

(Valid for 3 Months only)

**Signatures of Registrar
with seal/stamp
WAPDA/ Govt. owned Hospital**