



ISLAMABAD ELECTRIC SUPPLY COMPANY LIMITED

Annexure-V

The Dy: Manager (Operation)/Assistant Manager (CS),

IESCO 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 _____.

Signatures of Registrar

with seal/stamp
WAPDA/ Govt. owned Hospital

(Valid for 3 Months only)