

**INSTITUTE OF BUSINESS ADMINISTRATION  
KARACHI**

**Medicine Requisition Form**

Request Date \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Name, designation & department)

Medicine Name: \_\_\_\_\_ Medicine Qty: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

Issued/Not Issued

\_\_\_\_\_  
**Director Administration**