

DEPARTMENT OF TELECOMMUNICATION INDIA

(A) Application form of medical attendance & treatment.

1. Name and Designation of Govt. Servant:
2. Present pay as defined in F.R. 9 (21)
3. Name of Patient and Relationship.
4. Nature of illness and Relationship.
5. Amount of Advance required.
6. Whether temporary or permanent.
7. Whether the advance or the purpose was taken previously.
8. Whether Security in case of temp. Govt. servant furnished.

(B) Emp. No.

Signature of the Govt. Servant.

Certified the patient .....  
S/D/W/O Shri.....Employed in the office of the  
.....is being treated as inpatient in .....  
from .....the probable duration of the patient in the Hospital will be  
.....Rs.....approximately which would otherwise be  
re-imbursable under General Service (medical attendance) Rules, as amended from  
time to time.

Signature of the Medical Officer  
Incharge of the Hospital

Countersigned.

Signature.

Dated: