

Concession certificate for patients

Concession to Cancer/Thalassemia/Heart/T.B./Lupas Valgaris/Non-infectious Leprosy Major/Patients suffering from severe/moderate form of Hemophilia/ASids/Sickle cell Anaemia/Aplastic Anaemia patients –

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/Thalassemia/Heart/T.B./Lupas Valgaris/Non-infectious Leprosy Major/Patients suffering from severe/moderate form of Hemophilia/Aids/Sickle cell Anaemia/Aplastic Anaemia** to be used by Officer-in-Charge of the recognized hospital by Health Department of Central Government or the concerned State Government.

To

The Station Master

_____ (Station)

_____ (Railway)

This is to certify that Mr./Mrs./Ms. _____ whose particulars are furnished below, is bonafide Cancer/Thalassemia/Heart/T.B./Lupas Valgaris/Non-infectious Leprosy Major/Patients suffering from severe/moderate form of Hemiphilia/Aids/Sickle cell Anaemia/Aplastic Anaemia patients and is required to travel from _____ (Station) to _____ (Station). The patient has secured admission for treatment/is travelling for periodically check up at _____ + hospital.

Particulars of the Patient

(a) Age

(b) Sex

Station _____

Date _____

Signature _____

Officer-in-Charge of the

Hospital/Institute recognized by
Health Department of Central
Government/State Government
(Name of the State)

Seal/Stamp of the
Hospital/Institute

** Strike out where not applicable

+ Indicate name of the Hospital (recognized by Health Department of Central Government or the State Government concerned)

Note:

1. This certificate is valid for three months from the date of issue except for cancer patients which is valid for one year
2. No alteration in this form is permitted
3. Certificate should be issued to patients only for travelling from the station serving his place of residence to the station serving the recognized Hospital.

Concession certificate

Return Journey

Concession to Cancer/Thalassemia/Heart/T.B./Lupas Valgaris/Non-infectious Leprosy Major/ Patients suffering from severe/moderate form of Hemophilia/Aids/Sickle cell Anaemia/Aplastic Anaemia/Ostomy patients ** to be used by Officer-in-Charge of the hospital recognized by Health Department of Central Government or the concerned State Government.

To
The Station Master

This is to certify that Mr./Mrs./Ms. _____ whose particulars are furnished below, is a bonafide concession to Cancer/Thalassemia/Heart/T.B./Lupas Valgaris/Non-infectious Leprosy Major/ Patients suffering from severe/moderate form of Hemophilia/Aids/Sickle cell Anaemia/Aplastic Anaemia/Ostomy patients required to travel from _____ (Station) to _____ (Station) on discharge from/after re-examination/periodically check up at _____ + hospital.

Particulars of the Patient

- (c) Age
- (d) Sex

Station _____
Date _____

Signature _____
Officer-in-Charge of the

Hospital/Institution recognized by
Health Department of Central
Government/State Government
(Name of the State)

Seal/Stamp of the
Hospital/Institute

- ** Strike out where not applicable
- + Indicate name of the Hospital etc.

Note:

1. This certificate is valid for three months.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for travelling from the station serving the recognized Hospital to the station serving his place of residence.