Concession certificate

Concession to Cancer/ Thalassemia Major/ Heart (only for Heart operation)/ T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation patients/ Sickle cell Anaemia/ Apl astic Anaemia patients -

Return Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia Major / Heart (only for heart operation) / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in -charge of the recognized hospital by Health Department of central Government or the concerned State Government

| | (Station) | |
|--|---|--|
| | (Railway) | a de la companya de l |
| infectious I treatment at cell Anaem | ancer/ Thalassemia Major / Heart Leprosy / Patients suffering from se nominated ART centre/ Kidney pa ia/ Aplastic Anaemia patients ** as | whose particulars are furnished below, is only for heart operation / T.B./Lupas Valgaris/ Nonvere/moderate form of Haemophilia/ AIDS patients for tients only for dialysis/kidney transplant operation /Sickle and is required to travel from (Station) to the re-examination/periodical checkup/operation** at te/center** |
| • | | * . |
| _ | Particulars of the Patien | <u>t</u> |
| (a) | Age | , * |
| (b) | Sex | |
| , | of a second | a a a |
| Station | * * * * * * * * * * * * * * * * * * * | |
| Date | - | Signature |
| | er p | Officer-in-charge of the |
| | | (Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti Retroviral |
| | 9 | Therapy(ART) centre in case of AIDS patients) |
| Seal/Stamp | of the | (Name of the State) |
| Hospital/Ins | titute/Centre | |
| ::= | | e e |

- Note:
- 1. This certificate is valid for three months.

the State Government concerned)/Nominated Centre.

2. No alteration in this form is permitted.

** Strike out where not applicable.

3. Certificate should be issued to patients only for travelling from the station serving the recognized hospital/Institute/centre to the station serving his place of residence.

+. Indicate name of the Hospital/Institute recognized by Health Department of Central Government or

Concession certificate for patients

Concession to Cancer/ Thalassemia Major/ Heart (only for Heart operation)/ T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia Major / Heart (only for heart operation) / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in -charge of the recognized hospital by Health Department of central Government or the

| Toncorned State Government | by Health Department of central Government or the |
|---|--|
| То | covernment or th |
| | |
| The Station Master, | * * |
| (Station) | • |
| (Station) | |
| · · · · · · · · · · · · · · · · · · · | |
| This is to certify that Mr./Mrs./Ms. | |
| Leprosy / Patients suffering from severe/moderate nominated ART centres/ Kidney patients only Anaemia/ Aplastic Anaemia patients ** and is up/operation ** at + hospital/Instit | , whose particulars are furnished below, is bonafide leart operation / T.B./Lupas Valgaris/ Non-infectious form of Haemophilia/ AIDS patients for treatment at y for dialysis/kidney transplant operation /Sickle cell required to travel from (Station) to ission for treatment/is travelling for periodically check tute/centre** |
| Particulars of the Patient | |
| (a) Age | 9 |
| (b) Sex | and the second s |
| | |
| Station | -0.0 |
| Date | , , |
| | Signature |
| | |
| | Officer-in-charge of the |
| Seal/Stamp of the nospital/Institute/Centre | (Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients) (Name of the State) |
| | |
| * Strike out where not applicable. | , . |
| | |
| . Indicate name of the Hospital /Institute/ (recognized the State Government concerned)./Nominated Centre. | d by Health Department of C |
| Centre. | Department of Central Government or |
| fote: | N N |
| | M . |
| This certificate is valid for three months from the valid for one year. No alteration in this form is permitted | ne date of issue except for cancer patients which is |

Certificate should be issued to patients only for travelling from the station serving his place of

recognized

Hospital/Institute/centre.

3.