

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/ Aplastic 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

The Station Master,
----- (Station)
----- (Railway)

This is to certify that Mr./Mrs./Ms. _____, whose particulars are furnished below, is bonafide 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 centre/ Kidney patients only for dialysis/kidney transplant operation /Sickle cell Anaemia/ Aplastic Anaemia patients ** and is required to travel from _____ (Station) to _____ (station) on discharge from/after re-examination/periodical checkup/operation** at _____ + hospital/Institute/center**

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/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients)

(Name of the State)

Seal/Stamp of the

Hospital/Institute/Centre

** Strike out where not applicable.

+. Indicate name of the Hospital/Institute recognized by Health Department of Central Government or the State Government concerned)/Nominated Centre.

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/Institute/centre to the station serving his place of residence.

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 patients/ Sickle cell Anaemia/ Aplastic Anaemia patients -

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 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 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 ** and is required to travel from _____ (Station) to _____ (station). The patient has secured admission for treatment/is travelling for periodically check up/operation ** at _____ + hospital/Institute/centre**

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/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients) (Name of the State)

Seal/Stamp of the hospital/Institute/Centre

** Strike out where not applicable.

+ . Indicate name of the Hospital /Institute/ (recognized by Health Department of Central Government or the State Government concerned),/Nominated Centre.

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/Institute/centre.