

APPLICATION FOR ADVANCE FOR MEDICAL TREATMENT

1.	Name.	
2.	Designation and Office in which working.	
3.	Basic Pay + NPA + SI	
4.	Whether permanent or temporary.	
5.	Name of the patient and relationship with the Government Servant.	
6.	Nature of illness.	
7.	Whether treatment is received as In-patient or Out-patient.	
8.	Name of the Hospital in which patient is treated and whether it is a recognised one.	
9.	Whether necessary certificate from the Medical Officer or Specialist of the recognised hospital is enclosed.	
10.	Anticipated cost of treatment as certified by the Medical Officer/Specialist.	
11.	Amount of advance required.	

I declare that the particulars furnished above are correct.

Station :

Signature of the Government Servant.

Date :