

ANNEXURE VIII
APPLICATION FOR GRANT OF MEDICAL TREATMENT
(Vide Rule 26 (e))

- 1) Name and Address of the applicant (in block letters) :
- 2) Name and Address of the Institution in which the employee is working. :
- 3) Code Number of the Employee and Institution. :
- 4) a) Date of Birth :
b) Date of Retirement :
- 5) Date of option to come over to the Welfare Board Scheme. :
- 6) Whether the recovery was regularly effected and remitted in the concerned branch of the District Co-operative Bank.
- 7) The nature of Disease. :
- 8) Whether certificate obtained from a physician not below the rank of an Associate Professor of Medical Colleges/Notified Medical Institution is attached. if so, give details. :
- 9) The amount claimed. :

I, certify that the particulars given above are correct and also I hereby promise that in any reason the operation need not be undertaken, the whole amount received by me will be refunded to the Welfare Board within a month.

Place:

Date:

Signature of the Applicant.

I certify that the particulars given above are correct and recommend to pay the amount.

Name and Signature of the
President of the Institution.

(Office Seal)

Place:

Date:

Countersigned by

Head of Department/District/
Taluk level Officer of the Concerned
Administrative Department of Government.

Place:

Date:

Signature

(Office Seal)

(Name and Designation0029