

BIRBAL SANHI INSTITUTE OF PALAEOBOTANY, LUCKNOW

APPLICATION FOR THE ADVANCE OF THE MEDICAL TREATMENT.

1. Name & designation of the Govt. Servant:
2. Present Basic Pay:
3. Name of the patient & relationship with Govt. Servant:
4. Nature of Illness:
5. Whether temporary or Permanent:
6. Amount of advance required:
7. Whether security in case of the temporary Govt. Servant furnished:

Signature of Govt. Servant

Certified that the patientson/daughter/
father/mother/wife of Mr....., Birbal Sanhi Institute of
Palaeobotany, Lucknow is being treated as an out-patient/in-patient in the
..... and is suffering from.....
The Probable duration of treatment will be approx. about rrr.....days/
month and anticipated cost of treatment will be Rs..... only which
would otherwise be reimburseable under Central Medical Attendance Rule as
amended from time to time.

1. Certified that the treatment at the out patient Department is being under taken only on my advice.
2. Certified that the patient is advised to receive treatment as an out door patient as the treatment as an in-patient in a recognised T.B. institution is not considered necessary.
3. Certified that the patient has reasonable chance of recovery if treated otherwise than as an in-patient in a recognised T.B. Institution.

COUNTERSIGNED BY
SUPERINTENDENT

SIGNATURE OF M.O.
OF THE HOSPITAL.