

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 :
- c) Date of entry in service :
- 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 a certificate obtained from the 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 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 employee

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

Place :

Date :

Name and Signature of the
President of the Institution

(Office Seal)

Countersigned by

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

Place:

Date:

Signature

(Office Seal)

(Name and Designation)