

## **BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW**

### **APPLICATION FOR THE ADVANCE OF THE MEDICAL TREATMENT**

1. Name and Designation of the Govt. Servant : \_\_\_\_\_
2. Present Basic Pay : \_\_\_\_\_
3. Name of the patient and relationship with Govt. Servant : \_\_\_\_\_
4. Nature of illness : \_\_\_\_\_
5. Amount of advance required : \_\_\_\_\_
6. Whether security in case of the temporary Govt. Servant furnished  
\_\_\_\_\_

Dated:

Signature of Govt. Servant

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Certified that the patient Shri / Smt \_\_\_\_\_ wife / son / daughter of Shri \_\_\_\_\_ employed in the Birbal Sahni Institute of Palaeosciences, Lucknow is being treated as an Indoor / Outdoor patient, in the \_\_\_\_\_ is suffering from \_\_\_\_\_. The probable duration of treatment of the patient in the Hospital will be approximate about days/month and the anticipated cost of treatment will be Rs. \_\_\_\_\_ only which would otherwise be reimbursable under Central Medical Attendance (CMA) Rules as amended from time to time.

1. Certified that the treatment at the outpatient Department is being undertaken only on my advice.
2. Certified that the patient is advised to receive treatment as an outdoor patient as the treatment as as indoor patient as a recognized T.B. institution is not considered necessary.
3. Certified that the patient has reasonable chance to recovery if treated otherwise than as an indoor patient in the recognized T. B. Institution.

Countersigned by Superintendent

Signature of M.O. of the Hospital