

FORMAT

1. Name and designation of the employee/
Pensioner. :
2. Father's Name/ Husband's name :
3. Date of Birth :
4. Office to which attached/ office where
pension is being paid. :
5. Name of the patient and relationship with the
employee. :
6. Name of the hospital :

7. Office and place where wife/ Husband is
employed. If both are employed a joint
declaration regarding non drawal of medical
reimbursement in the office of spouse is to
be enclosed. :
8. Certificate from concerned hospital regarding
IP No. date of admission, name of surgery
involved if any is to be furnished. :
9. Inpatient No. and date of admission :

10. Whether the case pertains to accident while
on duty, if so, detailed report on the accident
is to be furnished. :
11. Whether the case pertains to road accident if
any copy of FIR from the concerned Police
station is to be furnished. :
12. Whether credit card was earlier issued if so,
the No. and date of such credit card. :
13. Total amount previously sanctioned by
CE/SE/Board or Transco, in respect of
pensioners amounts sanctioned during
service are also to be included. :
14. Whether credit card is required for self or
dependent (dependency certificate from the
employee is to be enclosed if the credit card
is required for dependent in case of
children). :
15. Two attested passport size photos of the
patient are to be enclosed. :