APPLICATION FOR GRANT OF MEDICAL ADVANCE

1. Name :_____

2. Designation :_____

3. Office in which working :_____

4. Whether permanent or temporary :_____

5. Basic Pay :_____

6. Name of the Patient and
   relationship with the applicant :_____

7. Nature of illness :_____

8. Whether necessary certificate
   from the Medical officer/Specialist
   of the recognised hospital is submitted :_____

9. Name of the Hospital in which treated
   and whether it is a recognised one :_____

10. Whether treatment is received as
    In-patient or Out-patient :_____

11. Whether any previous medical advance
    is out-standing and if so the details :_____

12. Whether the advance applied for
    is admissible :_____

13. Amount of Advance :Rs _____

Dated:_____

Signature of the Govt.Servant

Recommended by: