APPENDIX 1/17
Concession for cancer patients
Outward Journey

Form for the purpose of issue of Rail Concession to Cancer Patients to be used by Officer-in-charge of the recognised Hospital/Institute.

To

The Station Master,
-------------------(Station)
-------------------(Railway)

This is to certify that Shri/Shrimati ____________, whose particulars are furnished below, is a bonafide Cancer patient and is required to travel from ____________ (Station) to ____________ (station). The patient *has secured admission for treatment/is travelling for periodically check up at ____________ + Cancer Hospital/Cancer Institute..

Particulars of the Cancer Patient

(a) Age
(b) Sex

Station _______
Date _______

Signature _______
Officer-in-charge of the
Hospital/Institute

Seal/Stamp of the
Hospital/Institute

* Strike out where not applicable.
+ Indicate name of the Hospital, etc.

Note:

1. This certificate is valid for one year from the date of issue.
2. No alteration in this form is permitted unless attested by the issuing Officer
3. Certificate should be issued to patients only for travelling from the station serving his place of residence to the station serving the Hospital/Institute.
Return Journey

Form for the purpose of issue of Rail Concession to Cancer Patients used by the Officer-in-charge of the recognised Hospital/Institute.

The Station Master,

This is to certify that Shri/Shrimati __________, whose particulars are furnished below, is a bonafide Cancer patient required to travel from __________ (Station) to __________ (station)* on discharge from/after re-examination/periodical checkup at __________ £. Cancer Hospital/Cancer Institute.

Particulars of the Cancer Patient

(a) Age
(b) Sex
(c) Personal identification marks (1) __________
(2) __________
(d) Signature or left hand thumb
Impression of the patient

Station ______
Date ______

________________________
Officer-in-charge of the
Cancer Hospital/Institute

Seal/Stamp of the
Hospital/Institute

* Strike out where not applicable.

£. Indicate name of the Hospital, etc

Note:

1. This certificate is valid for three months from the date of issue.
2. No alteration in this form is permitted unless attested by the Issuing Officer.
3. Certificate should be issued to patients only for travelling from the station serving the hospital/Institute to the station serving his place of residence.