

KERALA STATE ROAD TRANSPORT CORPORATION

APPLICATION FOR MEDICAL ADVANCE FROM KSRTC WORKING FUND
FOR EXPERT TREATMENT

1. Name of the employee :
2. Home address :

- 3 Designation with Grade :
- 4 Basic Pay (with scale of pay) :
- 5 Unit :
- 6 a) Date of entry in to service :
b) Date of absorption in to regular cadre :
- 7 Date of retirement :
- 8 Name of patient and relationship to the employee with age :
- 9 If the treatment is for member(s) of the family, give details of employment, if any :
- 10 Name of Hospital where the patient is undergoing medical treatment :
- 11 whether the patient requires specialized expert treatment (medical certificate to be obtained and enclosed) :
- 12 Date of admission/surgery :
- 13 Amount required for the treatment (Certificate to this effect should be obtained and enclosed) :
- 14 a) Amount of Medical Allowance paid :
b) Amount of Medical reimbursement paid till date :
- 15 Details of previous advances paid, if any :

16 Whether any advance has been sanctioned :
from SWF, if so give details

17 Whether prior sanction of DHS has been :
obtained for the special treatment
outside the state

(to be filled in if the treatment is for dependent relative)*

* I hereby certify that Sri./Smt.....
(name of patient).....(relation) of mine is not employed
anywhere and not in receipt of any remuneration and wholly dependent on me

I do hereby declare that the details shown above are true

Signature:

Station:

Name & Designation of the Employee

Date:

Certified that the details shown above are correct and that the request of the
employee is genuine

Signature:

Station:

Name & Designation of the Unit Officer

Date:

(Office Seal)