

APPENDIX I/50
CONCESSION CERTIFICATE
 (See Rules, 101, Serial No. 31)

Form for the purpose of issue of Rail Concession to thalassemia Major Patients to be used by the Officer-in-Charge of the Hospital recognised by Health Department of Central Government or the concerned State Government.

This is to certify that Shri/Shrimati.....
 whose particulars are furnished below, is a bonafide Thalassemia Major Patient and is required to travel
 from.....(station)
 to.....(station). The patient *has secured admission for treatment/is travelling
 for periodical check up at
 \$Hospital.

Particulars of the Thalassemia Major Patient.

(a) Age

(b) Sex

Place

Date

Signature

Officer-in-Charge of the
 Hospital/recognised by
 Health Department
 of *Central Government/
 State Government of.....
 (Name of the State)

Seal of the recognised
 Hospital

* Strike out where not applicable.

\$ Indicate name of the Hospital recognised by Health Department of Central Government or State Government concerned.

- NOTE: (1) The Certificate is valid for three months from the date of issue.
- (2) No alteration in the form is permitted.
- (3) Certificate should be issued to patient only for travelling from the station serving his place of residence to the station serving the recognised Hospital.