APPENDIX 1/55 (See Rules, 101, Serial No. 41) CONCESSION CERTIFICATE

This is to certify	that Sh/Smt whose particulars are formal.	
heart patient	and is required to servel a particular are fulfillshed below is a bonatide	
	The first Department at G.B. Pant Hospital Nieus	Dan
PARTICULARS	OF PATIENT .	Delni.
a) Age		
b) Sex		
Place		
Date:	Signature_	
C 1 21	Office-in-Charge of Hospital	. 18
Seal of the Ho	ospital spital s	
Motavilla Ti	name of the Hospital	
ii) Ni - I	certificate is valid for three months from the date of issue.	
ii) No alternati	ion in the form is permitted unless attested by the issuing officer	
recipance to the	should be issued to heart patients only for travel from the station serving his/her place of e station serving the hospital.	
restrate to th	e station serving the hospital.	
	APPENDIX 1/55	
	(See Rules, 101, Serial No. 41)	
	CONCESSION CERTIFICATE	
orm for the purpo	se of isona of mil	
his is to certify the	se of issue of rail concession to heart patients to be used by the Office-in-Charge of the Hos	
art patient an	d is required to travel alone	
ARTICULARS OF	(Station). He/She is a follow up case in CTVS Department at G.B. Pant Hospital, New Do	elhi
c) Age		
d) Sex		
Place		
	Signature	
Date:		
Seal c the Hospi	ital Office-in-Charge of Hospital	
*Indi e the nan	ne of the Hospital	
Mine. (1) The cen	Ulicate is valid for the	
ii) No alternation	in the form is permitted unless attested by the issuing officer	
iii) Certificate sho	ould be issued to heart patients only for	
residence to the si	build be issued to heart patients only for travel from the station serving his/her place of	