

## APPENDIX – I/17

I(See rule 101,Serial No.11) I

### CONCESSION-CERTIFICATE

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

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 periodical checkup at \_\_\_\_\_ Cancer Hospital/Institute.

#### Particulars of the Cancer Patient

(a) Age:

(b) Sex:

Station: \_\_\_\_\_

Date: \_\_\_\_\_

Signature:

(officer-in-charge of the Hospital/Institute).

Seal of the  
Hospital / Institute

\*Strike out where not applicable.

+Indicate the name of the hospital, etc.

**Note:** (1) The certificate is valid for one year from the date of issue.

(2) No alteration in the form is permitted unless attested by the Issuing Officer.

(3) Certificate should be issued to the patients only for travelling from and to stations serving his place of residence, to and from the stations Serving the Hospital/Institute.

**APPENDIX 1/18**  
(See Rule 101, Serial No. 11)

**CONCESSION CERTIFICATE**  
Return Journey

Form for the purpose of issue of Rail Concession to cancer patients used by the officer-in-charge of the cancer hospital/institute.

The Station Master,

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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 check up at..... @Cancer Hospital/Cancer institute and is entitled to \*a single journey ticket on payment of ¼th the normal fare due/permission to travel accompanied by a attendant on payment of ¼th of the normal fare for the escort in the class occupied.

**Particular of the Cancer Patient**

- a) Age
- b) Sex
- c) Personal identification marks
  - 1 .....
  - 2.....
- d) Signature of left hand thumb impression of the patient

Station.....

Date.....

.....

**Seal of the  
Hospital/Institute**

**Officer-in-Charge of the  
Cancer Hospital /Institute**

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

- Note:** (1) The certificate is valid for one year from the date of issue.  
 (2) No alteration in the form is permitted unless attested by the issuing officer.  
 (3) Certificate should be issued to patients only for travelling from the stations serving the hospital/sanatorium to the station serving his place of residence.