



Annexure-II

**APPLICATION FOR GRANT OF ADVANCE FOR
MEDICAL TREATMENT**

1. Name
2. Staff No./T.No.
3. Designation
4. Department
5. Name and relationship of person for whom advance required
6. Name of hospital in which admitted/ to be admitted
7. Date of admission
8. Whether any advance for medical treatment taken in past. If so, whether the entire amount adjusted by submission of bills.
9. Whether advance taken earlier for the same disease
10. If the advance not yet adjusted
 - i) Date on which advance taken
 - ii) Amount of advance
 - iii) Reasons for non-adjustment

Certificate from the doctor in terms of Rule 7.6 enclosed.

Signature _____

Name _____