

भुगतान प्राप्तकर्ता का नाम ई मेल संख्या
दूरभाष न० आधार कार्ड न० बैंक खाता सं०
बैंक का नाम बैंक शाखा IFSC code No.....
दूरभाष न० आधार कार्ड न० बैंक खाता सं०
संलग्नक - 'अ'

UTTARAKHAND SAINIK PUNARVAS SANSTHA

**APPLICATION FORM FOR CLAIMING RE-IMBURSEMENT OF MEDICAL TREATMENT FOR
EX-SERVICEMEN//WIDOWS AND THEIR DEPENDENTS (NON ECHS MEMBERS/NON PENSIONER)**

Part I

1. I, Dr. _____ of (Name of Hospital) _____,
Examined to (No,..... Rank.....Name)of
village: _____ Post _____, Tehsil _____ District _____
(or his wife/son/daughter) Smt/Mr/Km _____ aged _____ years, who is
suffering from disease(diagonosis) _____ and who are not issued
ECHS card/Non Pensioner/medical facilities are not available in the hospital).

2. He/She was admitted on _____ and discharged on _____.
During the admission, it was necessary to keep an attendant along with the patient.

3. Recommendations/suggestations : _____
Date : _____ (Signatures of Medical Officer with seal)

It is certified that :-

(a) the conditions of the patient was such that he/she could not do with the help of an attendant who was actually kept for the duration shown above.

(b) Medicians and pathological tests/X- Ray etc as per attached are not available in the hospital and had to be got from market as these were necessary for speedy recovery of the patient.

(c) In view of the special conditions of the patient it is necessary for his/her for _____ days for approximate cost of Rs. _____/- per day.

(Countersigned by District Medical officer)

Date : _____

Part II

(To be filled by the applicant)

4. Name : _____ (self/wife/son/daughter of) No....., Rank
----- Name ----- 5. Regiment : -----

6. Date of Enrolment _____ 7. Date of discharge : _____

8. If re-employed : Date of re-employment _____ Deptt/org _____

9. Date of death (where applicable) _____ 10. Amount of pension -----pm.

10. Certified that I have no legal right on the amount requested for and I have not claimed/received the similar assistance from any other sources/agency.

Date : _____ (Signature of Ex servicemen/Widow/Guardian)

Part IV

11. The exservicemen No _____ Rank _____ Name _____

Is eligible to receive the medical facilities scheme of Uttarakhand Sainik Punarvas Sanstha which may kindly be paid to him/her. Ex-servicemen those who are re-employed are not eligible for this claim.

(Signatures of Zila Sainik Kalyan Adhikari)

नोट :- आवेदन पत्र के साथ निम्न दस्तावेज संलग्न करना अनिवार्य है :-

1. पूर्व सैनिक के डिस्चार्ज बुक तथा आश्रित प्रमाण पत्र की सत्यापित छाया प्रति। 2. पूर्व सैनिक/विधवा का पहिचान पत्र।
3. मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित मेडीकल दस्तावेज। 4. नान इम्प्लोईमेन्ट प्रमाण पत्र। 5. जिला सैनिक कल्याण अधिकारी द्वारा जारी Non ECHS Card and Non Pensioner certificate.