KENDRIYA VIDYALAYA: _____

CHECK LIST FOR SANCTION OF MEDICAL ADVANCE TO KVS EMPLOYEES

(TO BE COMPLETED BY KENDRIYA VIDYALAYA)

1. Name & Designation of the Employee	
2. Pay in the Pay Band + Grade Pay	
3. Whether Married or Un-married	
4. If married, the Office and place where spouse is employed.	
5. If spouse employed, whether he/she is in receipt of any medical facility/medical allowance in lieu thereof from his/her department. If so details thereof.	
6. If spouse retired from Govt / Semi-Govt. service, whether he/she is in receipt of any medical facility in lieu thereof from his/her pension paying Department. If so, details thereof.	
7. Actual residential address of the employee (state the Name of the District)	
8. Name of the Patient and his/her relationship to the Government Servant (in the case of Children, state age) whether married or not & whether employed or not	
9. If the Patient is dependent upon the Govt. Servant, state the monthly income as per declaration submitted by the Government servant.	
10. If the Patient is dependent upon the Government servant, state whether he/she is normally residing with Government servant or not as per Vidyalaya record.	
11. Place at which the patient fell ill	
12. Name of the Hospital in which treatment is to be obtained for which advance is sought	
13. Whether it is a Government/Approved Private recognized Hospital for the said treatment	
14. Details of ailment as diagnosed by the specialist of Government Hospital (enclose copy of prescription of AMA/Govt. Hospital indicating the treatment required)	
15. Whether the hospital in which treatment is required falls outside the district/State	

Contd….2….

16. If yes, whether the recommendation of the Authorized Medical Attendant and counter signature of the Chief Medical Officer of the District/Chief Medical Officer of the State has been obtained or not (If so, enclose a copy of the same)	
17. Whether the said ailment falls under the category of major illness or not	
18. Expected date of surgery/treatment	
19. Total amount demanded by the Hospital as per the estimate (enclose copy of estimate)	
20. Total amount admissible as per package deal prescribed as per his/her entitlement	
21. 90% of the package deal/entitlement	

Principal
Kendriya Vidyalaya,

Date:_____