APPLICATION FORM FOR MEDICAL ADVANCE

1. Name and Designation of the Government Servant:
2. Designation:
3. Date of joining KVS:
4. Date of birth:

5. Present Pay as defined in FR-9 (21): Rs. (Level)

6. Name of the patient and relationship with employee:

7. Nature of illness:

8. Date of admission in hospital:

9. Amount of advance required: Rs.

(Rs.)

10. Whether any advance for the same purpose was taken previously:

11. Whether Permanent / QP :

12. Office to which attached:

13. Whether security is furnished, in the case of temporary:

14. Remarks: **Estimation Letter, dated …… of attached.**

Dated: Signature of the Applicant/spouse

Name:

Office Use:

Certified that the patient …… , son/daughter of …….. employed in the office of Kendriya Vidyalaya ……is being treated as an Indoor patient at …… is suffering **from** The probable duration of stay of the patient in the Hospital will be days and anticipated cost of **Rs.** under CS (MA) Rules as amended from time to time, as per letter, dated …….. of ……..

Principal