Concession Certificate (for Outward Journey)

Form for the purpose of issue of Rail Concession to Kidney Patients to be used by Officer-in-charge of the recognised Hospital

This is to certify that Mr./Msbonafide Kidney patient and is required to travel alone or with escort from	, whose particulars are fu	urnished below, is a
bonafide Kidney patient and is required to travel alone or with escort from	(station) to	(station) for
*dialysis/Kidney transplant operation at Hospital. Particulars of the Kidney Patient		
(a) Age (b) Sex		
Place Date	SignatureOfficer in charge of the recogn	nized Hospital
Seal/Stamp of the Recognized hospital		
* delete not applicable		
NOTE:		
 This certificate should be issued by Officer in-charge of the Recognized Hospital The certificate is valid for three months from the date of issue. No alteration in the form is permitted. Certificate should be issued to Kidney patients only for traveling from the station the Hospital. 		
Concession Certificate (for return 3 Form for the purpose of issue of Rail Concession to Ki Officer-in-charge of the recognised	dney Patients to be used h	by
Form for the purpose of issue of Rail Concession to Ki	dney Patients to be used b Hospital	
Form for the purpose of issue of Rail Concession to Ki Officer-in-charge of the recognised This is to certify that Mr./Ms bonafide Kidney patient and is required to travel alone or with escort from	dney Patients to be used b Hospital	
Form for the purpose of issue of Rail Concession to Ki Officer-in-charge of the recognised This is to certify that Mr./Ms bonafide Kidney patient and is required to travel alone or with escort from *dialysis/Kidney transplant operation at Hospital.	dney Patients to be used b Hospital	
This is to certify that Mr./Ms. This is to certify that Mr./Ms. bonafide Kidney patient and is required to travel alone or with escort from *dialysis/Kidney transplant operation at Hospital. Particulars of the Kidney Patient (c) Age (d) Sex Place	idney Patients to be used to Hospital , whose particulars are full (station) to Signature	urnished below, is a (station) for
This is to certify that Mr./Ms bonafide Kidney patient and is required to travel alone or with escort from*dialysis/Kidney transplant operation at Hospital. Particulars of the Kidney Patient (c) Age (d) Sex Place	idney Patients to be used the Hospital , whose particulars are full to the state of the s	urnished below, is a (station) for
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- 1. This certificate should be issued by Officer in-charge of the Recognized Hospital where the kidney patient is being treated.
- 2. The certificate is valid for three months from the date of issue.
- 3. No alteration in the form is permitted.
- 4. Certificate should be issued to Kidney patients only for traveling from the station serving his place of residence to the station serving the Hospital.