

**REQUIRED INFORMATION FOR SANCTION OF MEDICAL ADVANCE
FROM O.P.R &W FUND**

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1. Name of the Applicant :
 2. Rank and Designation :
 3. Name of the District / Estt. :
 4. Contact phone No. :
 5. Home take salary per month :
 6. Date of retirement :
 7. Amount applied for :
 8. Name of the patient and disease :
 9. Maximum amount admissible for such treatment as per Health & Family Welfare Department Resolution No.17961 / H Dtd. 17.05.2002. :
 10. How many times he has availed such advance and present recovery position. :
 11. Whether the illness is verified and found to be genuine. :
 12. Whether the undertaking of the applicant and his legal heir to repay the advance have been enclosed. :
 13. Bank A/C No. of the Applicant (Salary Credit A/C.) :
 14. Name of the Bank :
 15. Branch Code No. :
 16. I.F.S Code of the concerned Branch for R.T.G.S :
 17. Whether the undertaking of the applicant and his legal heir with the counter signature of the Head of office is attached. :
 18. Designation of D.D.O :
 19. Bank A/C No. of the D.D.O & Name of the Bank. :

Certified that information furnished above are true to the best of my knowledge.

Signature of the Head of Office with seal