

INDIAN INSTITUTE OF SUGARCANE RESEARCH (ICAR) LUCKNOW-2
APPLICATION FORM FOR MADICAL ADVANCE

1. Name of applicant :
(In Block Letters)
2. Designation :
3. Basic Pay :
4. Whether Permanent / Quasi permanent/Temporary
(If temporary surety from permanent employee to be submitted)
5. Amount of advance required :
6. Name of patient with relationship :
7. The hospital at which treatment is being :

Signature of applicant

CERTIFICATE

Certified that. Shri/Smt/Km.....
S/O/D/O/W/O Shri.....
is suffering from
and is being treated as indoor patient at this hospital, which is likely to continue for
.....months/ days.

The patient will require a sum of Rs.....

Signature of Autorised
Medical Attdt.

Countersigned
Medical Superintendent

Seal