REGIONAL INSTITUTE OF EDUCATION, MYSORE 570 006.

APPLICATION FORM FOR ADVANCE FOR THE PURCHASE OF COMPUTER

0)	Name of the applicant	
02.	Applicant's Designation	
Q3.	District & Station	
04.	Basic Pay	
05.	Anticipated Price of Personal computer	
06.	Amount of advance required	
07.	Date of Entry into the council	
08.	Date of superannuation or retirement or date of expiry of contract in case of officer.	
09.	Number of instalment in which the advance is desired to be repaid.	
10.	Whether advance for similar purpose was obtained previously and is sp,	
	a) Date of drawl of the advance	
	b) The amount of advance & Interest thereon still outstanding if any,	
11.	Whether the intention is to purchase	
	a) A new or old personal computer.	
	b) If the intention is to purchase personal	
	computer through a person other than a	
	regular or reputed dealer or agent, whether	
	previous sanction of the competent	
	authority has been obtained as required	
	under rule 15(2) of the Central Services (Conduct) Rules 1955.	
	(conduct) rules 1955.	
12.	Whether the official is on leave of is about to	1
	proceed on leave.	
	a) The date of commencement of leave.	
	b) The date of expiry of leave.	
13.	Are any negotiations or preliminary enquiries being	
	made so that delivery may be taken of the personal	
	computer with one month from the date of drawl of the advance?	
	Certified that the information given above is comple	

Certified that I have not taken delivery of the computer advance on Account of which I apply for the advance, that I shall complete negotiations for the purchase of pay finally and take possession of the Personal computer before the expiry of one month from the date

Signatur

परिषद कर्मचारी तथा उनके परिवार की चिकित्सा या चिकित्सा उपस्थिति के संबंध में उठाए गए चिकित्सा संबंधी व्यय की वापसी के दावा करने संबंधी आवेदन प्रपत्र

Form of Application of Claiming Refund of Medical Expenses incurred in connection with Medical attendance and or treatment of Council Servants and their families.

टिप्पणी : प्रत्येक रोगी के लिए अलग प्रपत्र प्रयोग किया जाए ।

N. B.: Separate Form should be used for each patient.

- 1. परिषद कर्मचारी का नाम और पदनाम स्पष्ट शब्दों में Name and designation of the Council Server (In blook letters)
- 2. कार्यालय जहाँ वह नियुक्त है। Office in which employed
- 3. परिषद कर्मचारी की / के अन्तर्गत परिभाषित वेतन तथा / मूतभूत नियमें / अन्य परिलब्धियों हिन्हों अलग से दिखाया जाये ।
 Pay of the Council Servants as defined in the Fundamental Rules, and any other emoluments which should be shown separately.
- 4. कार्य का स्थान Place of duty
- 5. वास्तविक आवासीय पता
 Actual residential address.
- रोगी का नाम व उसके परिषद कर्मचारी के साथ संबंध
 Name of the Patient and his / her relationship to the Council Servant.
 - अ. रोगी का नाम Name of the patient
 - ब. संबंध Relationship

(िया : बचों के मामले में आयू भी लिखें) (N.B.: in case of children state age also)

- 7. वह स्थान जहाँ रोंगी बीमार हुआ Place at which the patient fell ill
- 8. रोग की प्रक्रति तथा अवधि
 Nature of illness and its duration
- 9: मांगी गाई राशि का विवरण Details of amount claimed

10. मांगी गाई कुल राशि Total amount claimed		
11. दिनांक को ल को घटाएं रु Less advance taken on		
12. दावे की कुल रशि Net amount claimed		
13. संलग्नकों की सूची List of enclosures		
मिकेट इ	कर्नवारी हार. े .णा पत्र इस्ताक्ष	र करने हैं।
	to a	
Declara	ation to be signed by the Coun	ch Servant
मै, एतद्ददरा धोषणा करता हूँ कि इस व चिकित्सा व्यय किया गया, वह पूर्ण रुप प	आवेदन पत्र दिये विवरण मेरी जनकारी व पर अक्षित है /था	विश्वस में पूर्ण सत्य है तथा व्याक्ति के लिए
hereby declare that the statements	s in this application are true to the best	of my knowledge and belief and that
the person for whom medical exp	penses were incurred is wholly depen	dent upon me.
		परिवद कर्मचारी के हस्ताक्षर विश्वास
े तिथि:	in the state of th	एवं कार्यालय जिससे सम्बंद है
Date in the state of the state	Sign and the Sign of S	nature of the Council Servant
		nd Office to which attached
		رود مثر مدار <u>بورست که هم برود منظ</u> امی از در می <u>اند. در </u>
रुपयों के लिए प्रति हस्ताक्षरित		
Countersinged for Rupees	*************	
•		- 1995
लेखा अधिकारी	प्रशासन अधिकारी	्रचार्थ
	Administrative Officer	Principal
क्षोडिर शिक्षा संस्थान	क्षोत्रिय शिक्षा संस्थान	क्षोत्रिय शिक्षा संस्थान
Regional Institute of Education	Regional Institute of Education	Regional Institute of Education
Mysore	Mysore	Mysore

िट्राणित्वाचा श्री	श्री/श्रीमः	
Certificate granted to Mr./Mrs./Miss. Wife/son/daughter of Mr./Mrs./Miss. Employed in the	′ी/आत्	मज/आत्मजा श्री को दिया गया प्रमाण पत्र
Employed in the प्रमाण - प्रज "क" CERTIFICATE - A (विर्फ उन रोगियों के संक्ष में भरता है उपचार के लिए भरती नहीं हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) में बा प्रमाणित करता हूँ कि 1.Dr hereby certify: (क) में अपने परामर्श क्यारिगी के आवास पर विनांक कर्षण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for consultation on dat the residence of the patient. (व) मैंने अपने परामर्श क्यारिगी के आवास पर विनांक कर्णण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for consultation on dat the residence of the patient. (व) मैंने अपने परामर्श क्यारिगी के आवास पर विनांक कर्णण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for administering that I charged and received Rs. for administering for prophylactic purposes. (श) रोगी अक्षता प्रतिरक्षित या रोग निरोधक उर्ज्य से के रे परामण क्ष पर उपचार करना रहा है तथा हुस सबस में मेंने जो विम्तिक्षित बवाद विनियन की है में रोगि के स्वास्त्र में प्रताम क्षाराण के प्रताम विर्माण के प्रवास सहिरा रोगीयों को देने के लिए आवावण्य भी। व्यार विम्तिक्षित बवाद विनियन की है में रोगिय के क्षार क्षार्य की मांग में विमितित तही है, वही उन्हों मून मोजन स्वच्य मां परिमाण के प्रवास सही में उपवास है है सा प्रविक्ष की प्रवास निर्माण सामितित है। that the patient has been under treatment at. (hospital) my consulting room and that the undermentioned medicines prescribed by me in this		
Employed in the	Wifeles	cate granted to wir./wirs./wiiss
प्रमाण - पुत्र "CD" CERTIFICATE - A (शिर्फ उन रोगियों के संबंध में भरता है उपवार के लिए भरती नहीं हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	Emplo	on/daugnter of Mir./Mis://Miss.
(सिर्फ उन रोगियों के संबंध में भरता है उपचार के लिए भरती नही हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	Embio	уестте
(शिर्फ जन रोगियों के संबंध में भरता है उपचार के लिए भरती नही हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	n -	प्रमाण - पत्र "क"
(क) में अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for consultation on district the patient. भें अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for consultation on district the residence of the patient. भें अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for administering that I charged and received Rs. for administering intra muscular injections or subcutaneous on (dates to be given) at my Consulting room / the residence of the patient (ग) स्वाये की वेंक्सान प्रतिरक्षित या रोग निरोधक उद्देश्य से के / नहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी अवविनाय द्वावये निर्विष्ट की हैं के रोगि के स्वाय्य में सुछार/गंभीर गिरती हुई वणा को रोकने के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं विवाय के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को रोगीयों को रोगीयों को रोगीयों के स्वायव्य के कि लिए अववावयक थीं।		CERTIFICATE - A
में डा		
1.Dr. hereby certify: (क) में अपने परामर्श कक्ष/रोगी के आवास पर दिनांक हिपये की मांग की व उन्हें प्राप्त किया। that [charged and received Rs for consultation on date residence of the patient.] विकार परामर्श कक्ष/रोगी के आवास पर दिनांक किया। पर्मी / अवल्पचीय इजेवगान लगाने के नीमिल किया। that I charged and received Rs for administering for administering intra muscular injections or subcutaneous on (dates to be given) at my Consulting room / the residence of the patient (ग) लगाये गये इंजेवगान प्रतिरक्षित या रोग निरोधक उईच्य से थे / तहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी अवल्पचीय इंजेवगान प्रतिरक्षित या रोग निरोधक उईच्य से थे / तहीं थे। क्षित्र प्रतिरक्षित ववाइयें निर्विष्ट की हैं वे रोगि के स्वास्थ्य में युख्यर/गंभीर गिरती हुई वशा को रोकने के लिए अत्यावस्थक थीं। दवाएं बहिरंग रोगीयों को देने के लिए अत्यावस्थक थीं। ववाएं सत्यों में अपलब्ध है; इस अधिस्थामिक औषधि के लीगांग में सम्मितित नहीं है, ज ही असमें मूल भोजन स्वच्छक या पीडक जन्तुनाक्षक निर्माण समितित है। that the patient has been under treatment at (hospital) my consulting room and that the undermentioned medicines prescribed by me in this	•	
(क) में अपने परामर्श कका/रोगी के आवास पर दिनांक	मैं डा	प्रमाणित करता हूँ किः
मिमत	1.Dr	hereby certify:
मिमत		
that I charged and received Rs	(क)	
consultation on	, , , , , , , , , , , , , , , , , , ,	
at the residence of the patient. (ख) भैने अपने परामणें कक्ष/रोगी के आवास पर दिनांक	3 .	
(ख) मैने अपने परामणें कक्ष/रोगी के आवास पर दिनांक		
पेशी / अवस्वचीय इजेवशान लगाने के नीमित्त		at the residence of the patients
that I charged and received Rs	(ভ)	मैने अपने परामगाँ कक्ष/रोगी के आवास पर दिनांक
ाntra muscular injections or subcutaneous on		पेशी / अवत्यचीय इजेवशान लगाने के नीमित्त
ाntra muscular injections or subcutaneous on		that I charged and received Rs
(ग) लगाये गये इंजेक्शन प्रतिरक्षित या रोग निरोधक उर्देश्य से थें / नहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	. 1	intra muscular injections or subcutaneous on
that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	`	(dates to be given) at my Consulting room/the residence of the patient
that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	(刊)	लगाये गये इंजेक्शन प्रतिरक्षित या रोग निरोधक उर्देश्य से यें / नहीं थे ।
विम्नितिखित दवाइयँ निर्दिष्ट की हैं वे रोगि के स्वास्थ्य में मुछार/गंभीर गिरती हुई दशा को रोकने के लिए अत्यावश्यक थीं। दवाएं बहिरंग रोगीयों को देने के लिए		
विम्नितिखित दवाइयँ निर्दिष्ट की हैं वे रोगि के स्वास्थ्य में मुछार/गंभीर गिरती हुई दशा को रोकने के लिए अत्यावश्यक थीं। दवाएं बहिरंग रोगीयों को देने के लिए	(er)	रोगी अग्पताल से मेरे परामण कथा पर ज्याचार करता रहा है लथा इस सम्बन्ध में भैने जो
बहिरंग रोगीयों को देने के लिए	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
सस्ते में उपलब्ध है, इस अधिस्वामिक औषधि के नीर्माण में सम्मिलित नहीं है, ज ही उसमें मूल भोजन स्वच्छक या पीडक जन्तुनाशक निर्माण सम्मिलित है । that the patient has been under treatment at(hospital) my consulting room and that the undermentioned medicines prescribed by me in this		그 사람이 보기 어린다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
that the patient has been under treatment at(hospital) my consulting room and that the undermentioned medicines prescribed by me in this		सस्ते में उपलब्ध है, इस अधिस्वामिक औषधि के नीर्माण में सम्मिलित नहीं है, ज ही उसमें मूल भोजन स्वच्छक या पीडक जन्तुनाशक निर्माण
that the patient has been under treatment at		सम्मितित है ।
my consulting room and that the undermentioned medicines prescribed by me in this		
connection were essential for the recovery/prevention of serious deteriorstion in the condition		
counection were esserting for the recover More serious description the condition		connection were essential for the recovery/prevention of serious deterioration in the condition
of the patient. The medicines are not stocked in the	. •	of the patient. The medicines are not stocked in the
(Name of the hospt.) for supply to private patients and not included		
proprietary preparations for which cheaper substance of equal therapeutic value are available		proprietary preparations for which cheaper substance of equal therapeutic value are available
nor preparations which are primarily foods, toilets or disinfectants.		nor preparations which are primarily foods, toilets or disinfectants.

क्र स SI.N	दवाइयों के नाम o. Name of Medicines	मुत्य
1.		Price Rs.
2.		
3.		
4.		8. 1
5.		
6.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7.		
8.		
9.		
10.		
10.		
	योग	
	Total _	
(इ)	रोगी	
(9)	रोगीरोग से पीडित है/था और दिनांक मेरी चिकित्सान्तर्गत है/था ।	
الكائيد		
	that the patient is/was suffering from	and is/was under my
	treatment fromtoto	*****
(च) (ভ)	रोगी का पूर्व या प्रसवोत्तर उपचार नहीं किया गया है / था that the patient is/was given pre-natal or treatment एक्स रे, प्रयोगशाला परीक्षण आदि जिन पररू खर्च हुए	
	आवश्यक थे तथाअस्पताल र	***************************************
:	that the X-ray, laboratory test etc., for which expenditure of Rs	
	was incurred was necessary and were under taken on	
	advice at(Name of hospital or	laboratory)
(ज)	मैंने रोगी को विशेष परामर्श के लिए डा	-
	that I referred the patient to Dr.	त आवश्यक हैले ली थि।

•	/No	mo of the state.
•	istrative Medical Officer of the State) as required under the rules was	ohtained
朝)	रोगी को अस्पताल में भर्ति करना आवश्यक नहीं था। That the patient did not require / required hospitalisation.	obtained.
ज)	प्रमाणित किया जाता है कि गैने कार कि ना	
	प्रमाणित किया जाता है कि मैने क म कि गई दवाईयों का अपने दिए गए नस्खे के अनुसार सत। आ Certified that I have vertical the models:	पन कर लिया है
	Certified that I have verified the medicines purchased which are in prescription given by me.	accordance with the
	दिनांक : अस्पताल के चिकि	ञ्टला अधिकारि के
	Dated: ਰੇਂਦਗਖ਼ਾਦ ਰ Signature & Designa	था पदनास
	Smoot of	Hoopital +

परिषद कर्मचारी तथा उनके परिवार की चिकित्सा या चिकित्सा उपस्थिति के संबंध में उठाए गए चिकित्सा संबंधी व्यय की वापसी के दावा करने संबंधी आवेदन प्रपत्र

Form of Application of Claiming Refund of Medical Expenses incurred in connection with Medical attendance and or treatment of Council Servants and their families.

टिप्पणी : प्रत्येक रोगी के लिए अलग प्रपत्र प्रयोग किया जाए ।

N. B.: Separate Form should be used for each patient.

- 1. परिषद कर्मचारी का नाम और पदनाम स्पष्ट शब्दों में Name and designation of the Council Server (In blook letters)
- 2. कार्यालय जहाँ वह नियुक्त है। Office in which employed
- 3. परिषद कर्मचारी की / के अन्तर्गत परिभाषित वेतन तथा / मूतभूत नियमें / अन्य परिलब्धियों हिन्हों अलग से दिखाया जाये ।
 Pay of the Council Servants as defined in the Fundamental Rules, and any other emoluments which should be shown separately.
- 4. कार्य का स्थान Place of duty
- 5. वास्तविक आवासीय पता
 Actual residential address.
- रोगी का नाम व उसके परिषद कर्मचारी के साथ संबंध
 Name of the Patient and his / her relationship to the Council Servant.
 - अ. रोगी का नाम Name of the patient
 - ब. संबंध Relationship

(िया : बचों के मामले में आयू भी लिखें) (N.B.: in case of children state age also)

- 7. वह स्थान जहाँ रोंगी बीमार हुआ Place at which the patient fell ill
- 8. रोग की प्रक्रति तथा अवधि
 Nature of illness and its duration
- 9: मांगी गाई राशि का विवरण Details of amount claimed

10. मांगी गाई कुल राशि Total amount claimed		
11. दिनांक को ल को घटाएं रु Less advance taken on		
12. दावे की कुल रशि Net amount claimed		
13. संलग्नकों की सूची List of enclosures		
मिकेट इ	कर्नवारी हार. े .णा पत्र इस्ताक्ष	र करने हैं।
	to a	
Declara	ation to be signed by the Coun	ch Servant
मै, एतद्ददरा धोषणा करता हूँ कि इस व चिकित्सा व्यय किया गया, वह पूर्ण रुप प	आवेदन पत्र दिये विवरण मेरी जनकारी व पर अक्षित है /था	विश्वस में पूर्ण सत्य है तथा व्याक्ति के लिए
hereby declare that the statements	s in this application are true to the best	of my knowledge and belief and that
the person for whom medical exp	penses were incurred is wholly depen	dent upon me.
		परिवद कर्मचारी के हस्ताक्षर विश्वास
े तिथि:	in the state of th	एवं कार्यालय जिससे सम्बंद है
Date in the state of the state	Sign and the Sign of S	nature of the Council Servant
		nd Office to which attached
		رود مثر مدار <u>بورست که هم برود منظ</u> امی از در می <u>اند. در </u>
रुपयों के लिए प्रति हस्ताक्षरित		
Countersinged for Rupees	*************	
•		- 1995
लेखा अधिकारी	प्रशासन अधिकारी	्रचार्थ
	Administrative Officer	Principal
क्षोडिर शिक्षा संस्थान	क्षोत्रिय शिक्षा संस्थान	क्षोत्रिय शिक्षा संस्थान
Regional Institute of Education	Regional Institute of Education	Regional Institute of Education
Mysore	Mysore	Mysore

िट्राणित्वाचा श्री	श्री/श्रीमः	
Certificate granted to Mr./Mrs./Miss. Wife/son/daughter of Mr./Mrs./Miss. Employed in the	′ी/आत्	मज/आत्मजा श्री को दिया गया प्रमाण पत्र
Employed in the प्रमाण - प्रज "क" CERTIFICATE - A (विर्फ उन रोगियों के संक्ष में भरता है उपचार के लिए भरती नहीं हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) में बा प्रमाणित करता हूँ कि 1.Dr hereby certify: (क) में अपने परामर्श क्यारिगी के आवास पर विनांक कर्षण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for consultation on dat the residence of the patient. (व) मैंने अपने परामर्श क्यारिगी के आवास पर विनांक कर्णण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for consultation on dat the residence of the patient. (व) मैंने अपने परामर्श क्यारिगी के आवास पर विनांक कर्णण की मांग की व उन्हे प्राप्त किया। that I charged and received Rs. for administering that I charged and received Rs. for administering for prophylactic purposes. (श) रोगी अक्षता प्रतिरक्षित या रोग निरोधक उर्ज्य से के रे परामण क्ष पर उपचार करना रहा है तथा हुस सबस में मेंने जो विम्तिक्षित बवाद विनियन की है में रोगि के स्वास्त्र में प्रताम क्षाराण के प्रताम विर्माण के प्रवास सहिरा रोगीयों को देने के लिए आवावण्य भी। व्यार विम्तिक्षित बवाद विनियन की है में रोगिय के क्षार क्षार्य की मांग में विमितित तही है, वही उन्हों मून मोजन स्वच्य मां परिमाण के प्रवास सही में उपवास है है सा प्रविक्ष की प्रवास निर्माण सामितित है। that the patient has been under treatment at. (hospital) my consulting room and that the undermentioned medicines prescribed by me in this		
Employed in the	Wifeles	cate granted to wir./wirs./wiiss
प्रमाण - पुत्र "CD" CERTIFICATE - A (शिर्फ उन रोगियों के संबंध में भरता है उपवार के लिए भरती नहीं हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	Emplo	on/daugnter of Mir./Mis://Miss.
(सिर्फ उन रोगियों के संबंध में भरता है उपचार के लिए भरती नही हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	Embio	уестте
(शिर्फ जन रोगियों के संबंध में भरता है उपचार के लिए भरती नही हुए है (To be completed in the case of patients who are not admitted to hospital for treatment.) # डा	n -	प्रमाण - पत्र "क"
(क) में अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for consultation on district the patient. भें अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for consultation on district the residence of the patient. भें अपने परामर्श कक्षा/रोगी के आवास पर विनांक क्षाये की मांग की व उन्हें प्राप्त किया। that I charged and received Rs. for administering that I charged and received Rs. for administering intra muscular injections or subcutaneous on (dates to be given) at my Consulting room / the residence of the patient (ग) स्वाये की वेंक्सान प्रतिरक्षित या रोग निरोधक उद्देश्य से के / नहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी अवविनाय द्वावये निर्विष्ट की हैं के रोगि के स्वाय्य में सुछार/गंभीर गिरती हुई वणा को रोकने के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं। वनाए बिदंग रोगीयों को देनें के लिए आवावयक थीं विवाय के लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को देनें कि लिए अववावयक थीं। वनाए बिदंग रोगीयों को रोगीयों को रोगीयों को रोगीयों के स्वायव्य के कि लिए अववावयक थीं।		CERTIFICATE - A
में डा		
1.Dr. hereby certify: (क) में अपने परामर्श कक्ष/रोगी के आवास पर दिनांक हिपये की मांग की व उन्हें प्राप्त किया। that [charged and received Rs for consultation on date residence of the patient.] विकार परामर्श कक्ष/रोगी के आवास पर दिनांक किया। पर्मी / अवल्पचीय इजेवगान लगाने के नीमिल किया। that I charged and received Rs for administering for administering intra muscular injections or subcutaneous on (dates to be given) at my Consulting room / the residence of the patient (ग) लगाये गये इंजेवगान प्रतिरक्षित या रोग निरोधक उईच्य से थे / तहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी अवल्पचीय इंजेवगान प्रतिरक्षित या रोग निरोधक उईच्य से थे / तहीं थे। क्षित्र प्रतिरक्षित ववाइयें निर्विष्ट की हैं वे रोगि के स्वास्थ्य में युख्यर/गंभीर गिरती हुई वशा को रोकने के लिए अत्यावस्थक थीं। दवाएं बहिरंग रोगीयों को देने के लिए अत्यावस्थक थीं। ववाएं सत्यों में अपलब्ध है; इस अधिस्थामिक औषधि के लीगांग में सम्मितित नहीं है, ज ही असमें मूल भोजन स्वच्छक या पीडक जन्तुनाक्षक निर्माण समितित है। that the patient has been under treatment at (hospital) my consulting room and that the undermentioned medicines prescribed by me in this	•	
(क) में अपने परामर्श कका/रोगी के आवास पर दिनांक	मैं डा	प्रमाणित करता हूँ किः
मिमत	1.Dr	hereby certify:
मिमत		
that I charged and received Rs	(क)	
consultation on	, , , , , , , , , , , , , , , , , , ,	
at the residence of the patient. (ख) भैने अपने परामणें कक्ष/रोगी के आवास पर दिनांक	3 .	
(ख) मैने अपने परामणें कक्ष/रोगी के आवास पर दिनांक		
पेशी / अवस्वचीय इजेवशान लगाने के नीमित्त		at the residence of the patients
that I charged and received Rs	(ভ)	मैने अपने परामगाँ कक्ष/रोगी के आवास पर दिनांक
ाntra muscular injections or subcutaneous on		पेशी / अवत्यचीय इजेवशान लगाने के नीमित्त
ाntra muscular injections or subcutaneous on		that I charged and received Rs
(ग) लगाये गये इंजेक्शन प्रतिरक्षित या रोग निरोधक उर्देश्य से थें / नहीं थे। that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	. 1	intra muscular injections or subcutaneous on
that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	`	(dates to be given) at my Consulting room/the residence of the patient
that the injections administered were/ were not for immunising or prophylactic purposes. (ध) रोगी	(刊)	लगाये गये इंजेक्शन प्रतिरक्षित या रोग निरोधक उर्देश्य से यें / नहीं थे ।
विम्नितिखित दवाइयँ निर्दिष्ट की हैं वे रोगि के स्वास्थ्य में मुछार/गंभीर गिरती हुई दशा को रोकने के लिए अत्यावश्यक थीं। दवाएं बहिरंग रोगीयों को देने के लिए		
विम्नितिखित दवाइयँ निर्दिष्ट की हैं वे रोगि के स्वास्थ्य में मुछार/गंभीर गिरती हुई दशा को रोकने के लिए अत्यावश्यक थीं। दवाएं बहिरंग रोगीयों को देने के लिए	(er)	रोगी अग्पताल से मेरे परामण कथा पर ज्याचार करता रहा है तथा इस सम्बन्ध में भैते जो
बहिरंग रोगीयों को देने के लिए	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
सस्ते में उपलब्ध है, इस अधिस्वामिक औषधि के नीर्माण में सम्मिलित नहीं है, ज ही उसमें मूल भोजन स्वच्छक या पीडक जन्तुनाशक निर्माण सम्मिलित है । that the patient has been under treatment at(hospital) my consulting room and that the undermentioned medicines prescribed by me in this		그 사람이 보기 어린다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
that the patient has been under treatment at(hospital) my consulting room and that the undermentioned medicines prescribed by me in this		सस्ते में उपलब्ध है, इस अधिस्वामिक औषधि के नीर्माण में सम्मिलित नहीं है, ज ही उसमें मूल भोजन स्वच्छक या पीडक जन्तुनाशक निर्माण
that the patient has been under treatment at		सम्मितित है ।
my consulting room and that the undermentioned medicines prescribed by me in this		
connection were essential for the recovery/prevention of serious deteriorstion in the condition		
counection were esserting for the recover More serious description the condition		connection were essential for the recovery/prevention of serious deterioration in the condition
of the patient. The medicines are not stocked in the	. •	of the patient. The medicines are not stocked in the
(Name of the hospt.) for supply to private patients and not included		
proprietary preparations for which cheaper substance of equal therapeutic value are available		proprietary preparations for which cheaper substance of equal therapeutic value are available
nor preparations which are primarily foods, toilets or disinfectants.		nor preparations which are primarily foods, toilets or disinfectants.

क्र स SI.N	दवाइयों के नाम o. Name of Medicines	मुत्य
1.		Price Rs.
2.		
3.		
4.		8. 1
5.		
6.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7.		
8.		
9.		
10.		
10.		
	योग	
	Total _	
(इ)	रोगी	
(9)	रोगीरोग से पीडित है/था और दिनांक मेरी चिकित्सान्तर्गत है/था ।	
الكائيد		
	that the patient is/was suffering from	and is/was under my
	treatment fromtoto	*****
(च) (ভ)	रोगी का पूर्व या प्रसवोत्तर उपचार नहीं किया गया है / था that the patient is/was given pre-natal or treatment एक्स रे, प्रयोगशाला परीक्षण आदि जिन पररू खर्च हुए	
	आवश्यक थे तथाअस्पताल र	***************************************
:	that the X-ray, laboratory test etc., for which expenditure of Rs	
	was incurred was necessary and were under taken on	
	advice at(Name of hospital or	laboratory)
(ज)	मैंने रोगी को विशेष परामर्श के लिए डा	-
	that I referred the patient to Dr.	त आवश्यक हैले ली थि।

•	/No	mo of the state.
•	istrative Medical Officer of the State) as required under the rules was	ohtained
朝)	रोगी को अस्पताल में भर्ति करना आवश्यक नहीं था। That the patient did not require / required hospitalisation.	obtained.
ज)	प्रमाणित किया जाता है कि गैने कार कि ना	
	प्रमाणित किया जाता है कि मैने क म कि गई दवाईयों का अपने दिए गए नस्खे के अनुसार सत। आ Certified that I have vertical the models:	पन कर लिया है
	Certified that I have verified the medicines purchased which are in prescription given by me.	accordance with the
	दिनांक : अस्पताल के चिकि	ञ्टला अधिकारि के
	Dated: ਰੇਂਦਗਖ਼ਾਦ ਰ Signature & Designa	था पदनास
	Smoot of	Hoopital +

Annexure

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

ISon/daughter of Shri	resident of village/ town/ city
districtState	hereby declare that I belong to the
community which is recognize	ed as a backward class by the Government of India for the
purpose of reservation in services as per orders or	ontained in Department of Personnel and Training Office
Memorandum No 36012/22/93-Estt. (SCT) dated 8-	9-1993. It is also declared that as on closing date , I do not
belong to persons/ sections (Creamy Layer) menti	oned in column 3 of the Schedule to the above referred
Office Memorandum dated 8-9-1993, O.M. No. 36	033/3/2004-Estt. (Res.) dated 9th March, 2004, O.M. No.
36033/3/2004-Estt. (Res.) dated 14th October, 2008	3, OM No. 36033/1/2013-Estt. (Res.), dated: 27 _{th} May, 2013
and OM No. 36033/1/2013-Estt. (Res.), dated: 13 th S	eptmber2017.
	Signature:
	Full Name:
	Address:

	Mr./Mrs./Ms	is working in this organization in the from to and the institution/
	capacity as	from to and the institution/
	applied b	his/her candidature being considered for the post of by him/her in NCERT.
	Place:	Signature of Head of the Institution
	Date:	Name:
	Fax:	Designation:
,	E-mail:	Address:
		(Office Seal)
35.		I to applying online, you may contact over telephone for software/technical support and 01126592187 for

Under Secretary, Recruitment Section-I

Regional Institute of Education, Mysore - 570 006 APPLICATION FOR LEAVE OR EXTENSION OF LEAVE

1.	Name of Applican	it.
----	------------------	-----

- 2. Post Held.
- 3. Department / Office / Section.
- 4. Pay
- House rent and other compensatory allowance drawn in the present post.
- 6. Nature and period of leave applied for and date from which required.
- 7. Sundays and Holidays, if any, proposed to be prefixed / suffixed to leave.
- 8. Grounds on which leave is applied for.
- Date and return from last leave, and the nature and period of that leave.
- I proposed / do not propose to avail myself of leave travel concession for the block years.......
 during the ensuing leave.
- 11. Address during leave period.
- 12. In the event of my resignation or voluntary retirement from service, I undertake to refund :
 - i) the difference between the leave salary drawn during commuted leave and that admissible during half-pay leave which would not have been admissible had sub-rule (1) of rule 30 not been applied
 - ii) the leave salary drawn during 'leave not due' which not have been admissible, had-sub-rule (1) of rule 31 not been applied

Score out whatever be not applicable

Date:

Signature of Applicant

13. Remarks and / or recommendation of the Controlling Officer

Signature Designation.

[P.T.O.]

Services (leave) Rules, 1972	****************	 *********	of the Centra
ate:			
			ignature esignation
5. Ordere of the			
5. Orders of the authority competer	it to grant leave.		
ato:			
		Si De	gnature signation
			aynanon

If the applicant is drawing any compensatory allowance, it should also be indicated in the orders on the expiry of leave, the Government servant is likely to return to the same post or to another post carrying similar allowance.

•	मता /कुको दिया गया प्रमाण त्मज/आत्मजा श्रीको दिया गया प्रमाण
पत्न	
Certif	ficate granted to Mr./Mrs./Miss
	son/daughter of Mr./Mrs./Miss
Empl	oyed in the
	प्रमाण-पत्न ''कं''
	CERTIFICATE - A
r.	(सिर्फ उन रोगियों के संबंध में भरता है जो अस्पताल में उपचार के लिए भरती नहीं हुए हैं)
	(To be completed in the case of patients who are not admitted to hospital for treatment.)
मैं, डा.	प्रमाणित करता हू कि :
	hereby certify :
.,	
(क)	मैं अपने परामर्श कक्ष/रोगी के आवास पर दिनांक को परामर्श देने के
	निमित्त रूपये की मांग की व उन्हें प्राप्त किया ।
	that I charged and received Rsforfor
	consultations on (dates to be given) at my consulting room /
	at the residence of the patient.
(ख)	मैंने अपने परामर्श कक्ष/रोगी के आवास पर दिनांक को अन्त : पिश्वा / अन्त : पेशी /अवत्वचीय
(4/	इजेवशन लगाने के निमित्त क्षये की मागं की व उन्हें प्राप्त किया।
	that I charged and received Rs for administering
	intra muscular injections or subcutaneous on
	(dates to be given) at my consulting room / the residence of
	the patient.
(ग)	लगाये गये इंजेक्शन प्रतिरक्षित या रोग निरोधक उद्देश्य से ये /नहीं थे ।
	that the injections administered were / were not for immunising or prophylactic purposes.
	, and the property and the party and the par
(ঘ)	रोगी अस्पताल में मेरे परामर्श कक्ष पर उपचार करवा रहा है तथा इस सम्बन्ध में मैंने जो
	विम्नलिखित दवाइयाँ निर्दिष्ट की हैं वे रोगी के स्वास्थ्य में सुछार/गंभीर गिरती हुई दशा को रोकने के लिए अत्यावश्यक थीं।
	दवाएं बिहरंग रोगीयों को देने के लिए अस्पताल में उपलब्ध नहीं हैं और जो समान परिमाण
	के पदार्थ सस्ते में उपलब्ध हैं, इस अधिस्वामिक औषधि के निर्माण में सम्मिलित नहीं हैं, न ही उसमें मूल भोजन स्वच्छक या पीइक
	जन्तुनाशक निर्माण सम्मिलित हैं।
٠	that the patient has been under treatment at (hospital) my con-
	sulting room and that the undermentioned medicines prescribed by me in this connection
•	were essential for the recovery/ prevention of serious deterioration in the condition of the
	patient. The medicines are not stocked in the (Name of the
	hospt.) for supply to private patients and not included proprietary preparations for which
	cheaper substance of equal therapeutic value are available nor preparations which are
	primarily foods, toilets or disinfectants.

ω. τι.	द्वाइया क नाम	मूल्य	
Si.No.	Name of Medicines	Price Rs.	
1.			
2.			
3.			
4.			•
5.			
6.			
7.		•	
8.		•	
9.			
10.			
		योग	
		otal	
(इ)	रोगी रोग से पीड़ित है/था और दिनाकं		तक
	मेरी चिकित्सान्तर्गत है/या ।		
	that the patient is/was suffering from	and is/was ur	nder my
	treatment from to	and 15/ was up	idel Illy
		· · ·	
(च)	रोगी का पूर्व या प्रसवोत्तर उपचार नहीं किया गया है /था		
	that the patient is/was given pre-natal or treatment.		
/- \		* * * * * * * * * * * * * * * * * * *	
(छ)	एक्स-रे, प्रयोगशाला परीक्षण आदि जिन पर रू. खर्च हुए,		
	आवश्यक थे तथा अस्पताल में मेरी सलाह पर कराएं गये।		
	that the X-ray, laboratory test etc. for which expenditure of Rs		
	was incurred was necessary and were under taken on		my
•	advice at (Name of hospital or laboratory)	. •	
(লু)	मैंने रोगी को विशेषञ् परामर्श के लिए डा व		
(7)		ग्रास-भजा-आर- <u>ः</u>	इसके लिए
	की स्वीकृति जो नियमान्तर्गत आवश्यक हैं ले ली थी।		
	that I referred the patient to Dr for spec	cialist consultat	ion and
•	that the necessary approval of the(Na	me of the Chief	i Admin-
	istrative Medical Officer of the State) as required under the rules wa	is obtained.	
(झ)	रोगी को अस्पताल में भर्ती करना आवश्यक नहीं था।		
,	That the patient did not require / required hospitalisation.		
	And an Extract and not odding the dring of the buding the buding the state of the buding the buding the state of the buding the budin		
(অ)	प्रमाणित किया जाता है कि मैंने क्रय कि गई दवाईयों का अपने दिए गए नस्खे के अनुसार सत्य	।पन कर लिया हैं।	
	Certified that I have verified the medicines purchased which are in	n accordance	with the
	prescription given by me		MINI NIE
	and the control of the company of the control of th		
	the control of the co		
	en la companya de la	. 2 2 2	
		4 AL THERESE STREET	THE THE

दिनांक : Dated : अस्पताल के चिकित्सा अधिकारी के हस्ताक्षर तथा पदनाम Signature & Designation of the Medical Officer of Hospital

CERTIFICATE B (To be completed in the case of patients who are admitted to hospital for treatment). PART A (To be signed by the Medical Officer-in-charge of the case of the hospital). I, Dr. hereby clarify (a) that the patient was admitted to hospital on the advice of/on my advice (Name of the Medical Officer) (b) that the patient has been under treatment at and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (Name of Hospital) to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preperations which are primarily foods, toilets or disinfectants. Names of Medicines Price 1 2 3 4 5 That the injections administered were/were not for immunising of prophlactic purposes.		***************************************
CERTIFICATE B (To be completed in the case of patients who are admitted to hospital for treatment). PART A (To be signed by the Medical Officer-in-charge of the		
PART A To be signed by the Medical Officer-in-charge of the		
PART A To be signed by the Medical Officer-in-charge of the	CERTIF	ICATE B
PART A To be signed by the Medical Officer-in-charge of the		
To be signed by the Medical Officer-in-charge of the		ents who are admitted to hospital for
To be signed by the Medical Officer-in-charge of the	treatment).	
To be signed by the Medical Officer-in-charge of the		
I, Dr	PAR	T A
I, Dr	To be signed by the Medical Officer-in	-charge of the
(Name of the Medical Officer) (Name of the Medical Officer) (b) that the patient has been under treatment at and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (Name of Hospital) (Name of Hospital) (to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants. Names of Medicines Price 1 2 3 4 5 That the injections administered were/were not for immunising of prophlactic purposes.	***************************************	case of the hospital).
(Name of the Medical Officer) (b) that the patient has been under treatment at	I, Dr	hereby clarify
(Name of the Medical Officer) b) that the patient has been under treatment at		
and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the for supple (Name of Hospital) to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants. Names of Medicines Price 1 2 3 4 5 That the injections administered were/were not for immunising of prophlactic purposes.	(Name of the Medic	cal Officer)
and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the for supple (Name of Hospital) to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants. Names of Medicines Price 1 2 3 4 5 That the injections administered were/were not for immunising or prophlactic purposes.	b) that the patient has been under to	eatment at
and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the for supply (Name of Hospital) to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants. Names of Medicines Price Names of Medicines Price That the injections administered were/were not for immunising of prophlactic purposes.	•	,
Names of Medicines Price 1 2 3 4 5 That the injections administered were/were not for immunising oprophlactic purposes.		
1 2 3 4 5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the(Name of I to private patients and do not which cheaper substances of e	the recovery/prevention of serious of the patient. The medicines are not for supply su
1 2 3 4 5 That the injections administered were/were not for immunising or prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the(Name of I to private patients and do not which cheaper substances of e	the recovery/prevention of serious of the patient. The medicines are no for supply supply supply supply formula for supply suppl
5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are no for supply supply supply supply the proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are no for supply supply supply supply the proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
5 That the injections administered were/were not for immunising of prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
prophlactic purposes.	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
	connection were essential for deterioration in the condition of stocked in the	the recovery/prevention of serious of the patient. The medicines are not for supply despital) include proprietary preparations for equal therapeutic value are available narily foods, toilets or disinfectants.
1) That the patient is/was suffering from	connection were essential for deterioration in the condition of stocked in the (Name of H to private patients and do not which cheaper substances of enot preparations which are print Names of Medicines 1 2 3 4 5 That the injections administered	the recovery/prevention of serious of the patient. The medicines are not for supple supplementations for supplementations for equal therapeutic value are available narily foods, toilets or disinfectants. Price
	connection were essential for deterioration in the condition of stocked in the (Name of H to private patients and do not which cheaper substances of enot preparations which are print Names of Medicines 1 2 3 4 5 That the injections administered	the recovery/prevention of serious of the patient. The medicines are not for supply su

/a\	That the V way I showstowy tooks at far which are seven it
(6)	That the X-ray, Laboratory tests etc., for which an expenditure of
	Rs, was incurred were necessary and were undertaken on
	my advice at
	(Name of Hospital or Laboratory)
(f)	That I called on Dr. for
	specialist consultation and that the necessary approval of the
	(Name of the Chief Administrative Medical Officer of the State)
	as required under the rules was obtained.
	Signature and Designation of the Medical Officer-in-charge
	of the case at the Hospital.
	PART B
	I contifu that the nations has been under treatment at
:	I certify that the patient has been under treatment at
	spital and that the service of the special nurses, for which an expenditure
of	Do mannead wide Dillo and Dagginto attached anne
	Rswas incurred vide Bills and Receipts attached, were
esse	ential for the recovery/prevention of serious deterioration in the condition
	ential for the recovery/prevention of serious deterioration in the condition
	ential for the recovery/prevention of serious deterioration in the condition
	ential for the recovery/prevention of serious deterioration in the condition the patient.
	ential for the recovery/prevention of serious deterioration in the condition the patient. Signature of the Medical Officer-in-charge
	ential for the recovery/prevention of serious deterioration in the condition the patient. Signature of the Medical Officer-in-charge of the case at the Hospital.
	ential for the recovery/prevention of serious deterioration in the condition the patient. Signature of the Medical Officer-in-charge
	ential for the recovery/prevention of serious deterioration in the condition the patient. Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED
	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
	ential for the recovery/prevention of serious deterioration in the condition the patient. Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED
of 1	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
of 1	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
of t	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
of t	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
of t	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
 Hos	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent
 Hos esse	Signature of the Medical Officer-in-charge of the case at the Hospital. COUNTERSIGNED Medical Superintendent