

Annexure - VIII

FORM - D

(Application for treatment under the Mediclaim to be submitted on behalf of the patient when the patient is minor)

Name:-.....

Address:-.....

.....

Dated:- / /

To,
The Director,
Directorate of Health Services,
Panaji Goa.

Sub: Treatment under Mediclaim Scheme.

Sir,

My (relationship)
..... (name of the patient) is to be
taken to (place) for medical treatment at
..... (name of the hospital) as required under
the scheme. The following certificate are submitted:-

- (i) Certificate from the Medical Superintendent, Goa Medical College, Bambolim that facilities for his/her treatment are not available in this State.
- (ii) Certificate from the Mamlatdar of (taluka) that the total income of my/his family does not exceed Rs.1,50,000/- per annum and that he/she is registered in the voter's list (not applicable if minor)
- (iii) Certified copy P.P.O. bearing No. certifying that the patient is a retired Government employee.

I shall be obliged if a letter recommending him/her for treatment
..... (name of the hospital, Place) is
kindly issued to me immediately for admission in the hospital.

Yours faithfully,

(Signature)