

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

15
CCM

No. TCII/2196/11/OH/Policy

Rail Bhavan, New Delhi, dt. 18.06.2014

The General Manager (Commercial),
All Zonal Railways.

NWR

Sub:- Revision of Concessional forms (combined form) for all the four categories of handicapped persons and for all categories of Patients except ostomy patients.

In order to simplify the concessional forms and make them user-friendly it has been decided to have a combined concession form for all categories of disabled persons and another single form (separately for outward and return journey) for all categories of patients except ostomy patients.

The revised Concessional form (combined form) for all the four categories of handicapped persons (one form) and the revised Concessional form for all categories of Patients (except ostomy patients)- two forms i.e. One for outward and one for, return journey are enclosed.

Zonal railways may print the revised forms and supply them to all concerned.

The revised forms shall come into effect w.e.f 15.07.2014.

However, the concession certificates already issued on the pre-revised forms shall continue to be valid till the expiry period of the concession certificate's validity.

Necessary instructions should be issued to all concerned.

VSA
13/6/14
(Vikram Singh)
Director Passenger Marketing
Railway Board

- Copy to: 1. CCM/PM all Indian Railways
2. IRCA, chelmsfor Road, New Delhi for issue of necessary correction slip in coaching tariff no 25 Part 1 (Vol II).
3. MD/KRCL.
4. GM/Metro Railway/Kolkata.
5. MD/CRIS, Chanakyapuri, New Delhi



888
19/6/14

met in
on website

18/6

Concession certificate for patients

Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia patients -

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia** to be used by Officer-in -charge of the recognized hospital by Health Department of central Government or the concerned State Government

To

The Station Master,
------(Station)
----- (Railway)

This is to certify that Mr./mrs./Ms. _____, whose particulars are furnished below, is bonofide Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia patients ** and is required to travel from _____ (Station) to _____ (station). The patient has secured admission for treatment/is travelling for periodically check up at _____ + hospital.

Particulars of the Patient

- (a) Age
- (b) Sex

Station _____

Date _____

Signature _____

Officer-in-charge of the

(Hospital/Institute recognized by
Health Department of central
Government/ State Government
(Name of the State)

Seal/Stamp of the
hospital/Institute

** Strike out where not applicable.

+. Indicate name of the Hospital (recognized by Health Department of Central Government or the State Government concerned).

Note:

1. This certificate is valid for three months from the date of issue except for cancer patients which is valid for one year.
2. No alteration in this form is permitted
3. Certificate should be issued to patients only for travelling from the station serving his place of residence to the station serving the recognized Hospital.

Concession certificate

Return Journey

Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia/ Ostomy patients** to be used by Officer-in -charge of the Hospital recognized by Health Department of central Government or the concerned State Government

The Station Master,

This is to certify that Mr./Mrs/Ms _____, whose particulars are furnished below, is a bonafide Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia/ Ostomy patients ** required to travel from _____ (Station) to _____ (station) on discharge from/after re-examination/periodical checkup at _____+ hospital.

Particulars of the Patient

- (a) Age
- (b) Sex

Station _____

Date _____

Signature _____

Officer-in-charge of the
Hospital/Institution recognized by Health
Department of central Government/ State
Government
(Name of the State)

Seal/Stamp of the
Hospital/Institute

** Strike out where not applicable.

+ . Indicate name of the Hospital, etc

Note:

1. This certificate is valid for three months.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for travelling from the station serving the recognized hospital to the station serving his place of residence.