

**RAILWAY CONCESSION FORM**  
**APPENDIX 1/18**  
**(See Rule 101 Serial No.11)**

**Concession Certificate**  
**Issued by Officer In charge of a recognized cancer hospital/clinic/sanatorium in prescribed proforma**

Form for the purpose of rail concession of cancer patient used by officer in charge of the Cancer hospital

**RETURN JOURNEY**

The station Master

Station: \_\_\_\_\_

Railway: \_\_\_\_\_

This is to certify that Mr./Mrs./Child/Infant \_\_\_\_\_ whose particulars are furnished below is a bonafide cancer patient and is required to travel from \_\_\_\_\_ (Station\*) to \_\_\_\_\_ (Station). The patient has secured admission for treatment / is traveling for treatment / is traveling for periodical check-up at # \_\_\_\_\_ Cancer Hospital/Cancer Institute.

**Particulars of the Cancer Patient**

(a). Age:	_____
(b). Sex:	_____
(c). Personal identification marks	<b>1)</b> _____ <b>2)</b> _____
(d). Signature or left thumb impression of the patient	

Officer in charge of the Cancer hospital/Institute

(With seal of the Institute/Hospital)

Station \_\_\_\_\_ Date \_\_\_\_\_

\*Strike out where not applicable

# Indicate name of the hospital etc

Note:

1. This certificate is valid for three months from the date of issue
2. No alteration in this form is permitted unless attested by the issuing officer.
3. Certificate should be issued to patients only for travelling from the station of cancer hospital/institute to serving his place of residence.

**RAILWAY CONCESSION FORM**  
**APPENDIX 1/17**  
**(See Rule 101 Serial No.11)**

**Concession Certificate**  
**Issued by Officer In charge of a recognized cancer hospital/clinic/sanatorium in prescribed proforma**

Form for the purpose of rail concession of cancer patient used by officer in charge of the Cancer hospital

**OUTWARD JOURNEY**

The station Master

Station: \_\_\_\_\_

Railway: \_\_\_\_\_

This is to certify that Mr./Mrs./Child/Infant \_\_\_\_\_ whose particulars are furnished below is a bonafide cancer patient and is required to travel from \_\_\_\_\_ (Station\*) to \_\_\_\_\_ (Station). The patient has secured admission for treatment / is traveling for treatment / is traveling for periodical check-up at # \_\_\_\_\_ Cancer Hospital/Cancer Institute.

**Particulars of the Cancer Patient**

(a). Age: \_\_\_\_\_

(b). Sex: \_\_\_\_\_

(c). Personal identification marks **1)** \_\_\_\_\_

**2)** \_\_\_\_\_

(d). Signature or left thumb impression of the patient

Officer in charge of the Cancer hospital/Institute

(With seal of the Institute/Hospital)

Station \_\_\_\_\_ Date \_\_\_\_\_

\*Strike out where not applicable

# Indicate name of the hospital etc

Note:

1. This certificate is valid for one year from the date of issue
2. No alteration in this form is permitted unless attested by the issuing officer.
3. Certificate should be issued to patients only for travelling from the station of his place of residence to the station serving cancer hospital/institute.