PROFORMA FOR APPLICATION OF CANCER PATIENT SEEKING CONCESSION IN AIR-FARES

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.

It is certified that the patient concerned is in a fit condition to travel by air and will not cause any discomfort
/hazard or risk to himself/herself and others.

1. Name of patient

2. Age

3. Residential Address

4. Disease

5. Name and address of cancer
Hospital where treatment is sought

Signatures of the qualified
Registered Medical Practitioner

(With seal of the Institute/Hospital)

Station ______________________

Date ______________________