

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 _____