

# Bharat Coking Coal Limited

( A Subsidiary of Coal India Limited )

## OUT SIDE TREATMENT FORM

Office of the Executive Director ( MS ) CIL  
Koyla Bhawan Dhanbad

Ref, No. BCCL/ED (MS)/

Date.....

- 1 Name of the patient/age
- 2 Relation with the employee
- 3 Name of the employee Desig. place of posting, Area
- 4 Diagnosis
- 5 Proposed place of treatment
- 6 Name of the doctor who has advised out side treatment
- 7 Reason for recommending out side treatment ( Ref. previous office order No, if any.
8. Medical advance if any Rs.
9. (a) TA in the entitled class by rail and attendant allowed in 2nd class/same class,  
(b) Re-imbusement will be made against the bills vouchers of the above hospitals as per rules other Company.  
(c) No, private Consultation-treatment test investigation will be allowed.  
(d) For any repeat visit prior permission to be obtained from the Competent authority.  
(e) No. of visit.

Submitted to ED (MS) D (P) for kind approval please

Executive Director (MS) CIL

Medical Supdt, (HQ)

Director (Personnel)