



BHARAT COKING COAL LIMITED

PROFORMA FOR OUTSIDE REFERRAL (OUTDOOR CASES ONLY)
(TO BE FILLED IN DUPLICATE)

FOR OFFICE USE ONLY
RMB No. :
Date:

Patient's Name Sex..... Date of Birth.....

Employee's Name.....Relation.....

Designation Personal No.....Place of posting.....

**Affix one recent
Passport Size
Photograph of
Patient duly Attested
by unit Personnel
Executive.**

I declare that the above information is correct. The patient is residing with and wholly dependent on me. I will be held fully responsible if the information is found incorrect. My parents are residing with and wholly dependent on me, not availing such facilities from any Government/ PSU and their total monthly income does not exceed ₹10,000/- (₹Ten thousand only).

LTI/RTI/ Sign. of Patient

LTI/ RTI / Signature of Employee

Sign. of Controlling Officer

Date: _____

CERTIFICATE OF ENTITLEMENT

(For medical treatment only)

This is to certify that Shri/ Smt./ Ku. Date of Birth
Is Father/Mother /Wife /Husband/Daughter/ Son of the employee Shri/ Smt.
Designation, Personal No. Place of Posting
and is residing with and fully dependent on the employee as per CIL Medical Attendance Rules.

Date: Sig. of Personnel executive of the

Concerned Unit/ Establishment with Seal.

AREA MEDICAL OFFICER

Provisional Diagnosis

Opinion of Specialist

Designation of Spl.& Date of fresh referral

The Patient is hereby recommended for referral to higher medical centre. Number of Visit(s).....

Attendant*/ Escort*:Allowed* / Not Allowed* (* Strike off whichever is not applicable)

T.A Medical Advance ₹.....

Note:

1. Enclose Specialist recommendation, Original estimate for advance & other relevant documents.
2. For revisit Specialist opinion is must.
3. Please note that the patient has to visit the concerned OPD at Central Hospital Dhanbad after coming back from Referral Centre after each visit.

Forwarded to Referral Medical Board

Signature of Area Medical Officer

Name and Designation:

Seal.....

Date:

DOCUMENTS REQUIRED FOR REFERRAL MEDICAL BOARD

1. Two copies of this referral form (duly filled)
2. Original O.P.D Ticket
3. Photo copy of Health Card (Front page & Photograph pasted page)
4. Photo Copy of previous referral sanction order (From 2nd visit onwards)
5. Photo Copy of previous treatment papers of Referral Centre (From 2nd visit onwards)
6. Estimate of Referral Hospital/ Centre, if any.

REFERRAL MEDICAL BOARD

Provisional Diagnosis.....
Recommendation of the Board.....
.....H
ospital/ Centre to bereferred.....
Reason of referral
No. of Visit (s).....

Escort */ Attendant*: Allowed* / Not Allowed*
(* Strike out whichever is not applicable)

Medical Advance (if any) ₹.....

Chairman of Medical Board	HOD (Medicine)	HOD (Surgery)	Member Secretary
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Date:

MEDICAL DEPARTMENT, KOYLA BHAWAN

The above patient is referred* / not referred*to
..... with*/ without* attendant.
Travelling Allowance: from to in the entitled class (By Train only).
No. of Visit (s):
Medical Advance (If any) ₹..... is recommended
(* Strike out whichever is not applicable)

Medical Supdt., BCCL

CMS, BCCL

Director (Personnel)