PROVISION OF MEDICAL CERTIFICATE: ECHS BENEFICIARY


2. Authorized Medical Attendant (AMA) for an ECHS beneficiary is the Medical Officer (MO) of ECHS Polyclinic.

3. The following medical certificate will be issued by ECHS Polyclinics to ECHS beneficiaries:
   (a) Sickness certificate, if reqd by the employer.
   (b) Fitness certificate after recovery from sickness.
   (c) Driving License for ECHS Beneficiaries.
   (d) Fitness Certificate for employment of any ECHS Beneficiary att at Appx 'A'.
   (e) Infirmitry certificate to ECHS bedridden patients, widows & person based on medical certificate att at Appx 'B'.
   (f) Concession certificates for orthopedically handicapped/paraplegic person/patient/mentally retarded person/completely blind/totally deaf & dumb person att at Appx 'C'.

4. RCs to communicate the content of this letter to all Polyclinics.


Internal

All Secs (less S&A Sec)
S&A Sec - PI updated on ECHS website.
MEDICAL FITNESS CERTIFICATE FOR ECHS MEMBERS FOR EMPLOYMENT

1. I, No _______ Rank _______ Name ________ (Retd), have applied for the employment of Manager / Accountant / Salesperson / Caretaker etc. in _______ (Name of Organisation).

2. I certify that I am not on regular medication for any disease and not suffering from any chronic disease.

OR

I am a patient of ____________ and am on regular medicine and treatment.

3. I further certify that I am not to undertake strenuous physical / mental work load in the employment, I have applied for.

4. I also fully understand that my continued employment during the contract is subject to my medical fitness.

Signature ______________

No _______

Rank _______

Name _______

Date ____________

MEDICAL FITNESS CERTIFICATE FROM ECHS DOCTOR

Certified that No _______ Rank _______ Name ________ (Retd) S/o Shri __________ resident of ______________ physical for to undertake strenuous work and is not suffering from any communicable or contagious disease.

Round Stamp

(Signatures)

ECHS Medical Officer

Dated
THIS CERTIFICATE IS NOT VALID FOR COLLECTION OF MEDICINE
FROM POLyclINIC / SERVICE HOSPITAL

No ___________ Rank

Name __________________________

Liquor Card No __________________________

(Address)

Teles / Contact __________

No __________________________

Stn HQs

REQUEST FOR AUTHORISATION OF DEPENDENT FOR
COLLECTION OF GROCERY / LIQUOR STORES

Sir,

1. Ref HQ Western Command SOP on the subject (vide No ___________ dated ___________).

2. Medical certificate vide Appx ‘A’ is encl herewith. Details of dependent to be auth are as under :-

   (a) Name __________________________

   (b) Date of birth/age __________________________

   (c) Relationship with ESM/Widow __________________________

   (d) Residential Address __________________________

   (e) Teles / Contact Number __________________________

   (f) Identification Marks __________________________

3. It is requested that the above mentioned dependent be authorised to collect Grocery / Liquor Stores Ex (URC/GLC) on my behalf.

Signature of auth dependent __________________________

Signature of ESM/Widow __________________________

(For use By Stn HQs / Canteen Cell)
Concession certificate form for orthopaedically handicapped/paraplegic person/patients/mentally retarded person/completely blind person/totally deaf & dumb person

Paste passport
Size photograph
Duly signed
And stamped by
The issuing doctor

This is to certify that KM/Shri/Smt ________ whose particulars are furnished below is a beneficed ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMpletely BLIND PERSON/TOTALLY DEAF & DUMB PERSON *

Particulars:
a) Address
b) Father's/Husband's Name
c) Age:
d) Sex
e) Nature of Handicap: (To be written by doctor whether the disability is temporary or Permanent)
f) Signature or thumb impression of the person seeking concession (not necessary for those with both hands missing or non-functional):

(Signature of Government Doctor#)

Place:
Date:

Clear seal of Government Hospital#
Seal containing full name and Regn.No. of the Doctor#.

*Strike out where not applicable.
# For blind persons RMP/head of institution for the blind recognized can also issue certificate for blind.

Note:
1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMpletely BLIND PERSON/TOTALLY DEAF & DUMB PERSON. The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

2) For Mentally retarded persons/Completely blind persons/Deaf and dumb persons (both afflictions together), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopedically/paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (i) five years, in case of persons up to the age of 25 years, (ii) ten years, in case of persons in the age group of 26 to 35 years and (iii) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period validity of the certificate, the person is required to obtain a fresh certificate.

3) Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded.
4) No alteration in the form is permitted.
यह प्रामाणित किया जाता है कि कूटपी/कृषि स्वत: ने अधिक विकृति से विकल्पा/ग्रहण व्यक्ति/मूल्यांकन प्रवृत्ति के लिए रियायती प्रमाणपत्र सांबंधी काम

उसी करने वाले डॉक्टर द्वारा
शिकित्सा रूप से हस्ताक्षर
किया गया एवं मौर्य लगाया
-worthy पांसपीट आकार का फोटो

संहिता के विषय में हिंदी लिखा है कि आवश्यकता के हिसाब से शायरा से रियायत नहीं कर सकता।

विवरण:

a) पता : 

b) नामपत्र का नाम : 

c) आयु : 

d) लिंग : 

e) आवश्यक दिनों का जिसका (डरें दलाल लिखा जाए कि आवश्यक अवसर या रात्रि है)

f) रियायत करने वाले का नाम, जिसके दोनों हाथ नहीं है या एक ही नहीं कर सकते, उनके लिए इस्तेमाल नहीं:


(सरकारी और के हस्ताक्षर #)

रस्मी अधिकार की स्पष्ट मौर्य #

मौर्य में डॉ. का पूरा नाम और सरकारी श्रेणी स. #

* जगह ना नहीं हो उसे काट दे।
# नेत्रल व्यक्तियों के लिए आरएमपी/सरकारी के लिए गांवता प्राप्त संस्था का प्राप्त श्री प्रमाणपत्र जारी कर सकता है। नोट:

1) यह प्रमाणपत्र के केवल अधिक विकृति से विकल्पा/ग्रहण व्यक्ति/मूल्यांकन से मिलते हैं। जिसे दिखाया है तो सहस्त्र महात्मा की रूप है जो सहस्त्र घर नहीं कर सकता।

2) निरेत्रिका रूप से मंदिर व्यक्तियों से मौर्य की मूल्यांकन/मूल्य के विक्रय/विक्रय से सहस्त्र महात्मा की रूप है जो सहस्त्र महात्मा की रूप है।

3) रियायत करने वाले का नाम, जिसके दोनों हाथ नहीं है या एक ही नहीं कर सकते, उनके लिए इस्तेमाल नहीं।

4) इस प्रमाणपत्र का उपयोग करने के लिए जाने वाले की अनुमति ही है।