Affix passport size
recent Photograph
of the patient

F O R M 'C'

(Application for self for treatment under Mediclaim Scheme)

Name : …….

Address : …….

: …….

Dated : …….

Phone No. : …….

To,
The Directorate of Health Services,
Mediclaim Cell,
Campal, Panaji, Goa.

Sub: Treatment under the Mediclaim Scheme.

Sir,

I have to proceed to …….. (place) for medical treatment at …… (name of hospital) as required under the scheme. I am submitting herewith the following certificates:-

1. Certificate from the Medical Superintendent, Goa Medical College, the facilities for my treatment are not available in this State.

2. Certificate from the Mamlatdar of …… Certifying that the total income of my family does not exceed Rs. 1,50,000/- p.a. and that I am registered in the Voters List.

OR

Certified copy of the P.P.O. bearing No. …… confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending me for medical treatment at …… …….. (name of the hospital) be kindly issued to me immediately for admission in the hospital.

Yours faithfully,