Affix passport size
recent Photograph
of the patient

F O R M 'D'

(Application for treatment under Mediclaim Scheme to be submitted on behalf of the patient as the patient is a minor)

Name : …….
Address : …….
: …….
Dated : …….
Phone No. : …….

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

Sir,

My …… (relationship) ……. (name of the patient) is to be taken to ……. (place) for medical treatment at …… (name of hospital) as required under the scheme. The following certificates are submitted:-

1. Certificate from the Medical Superintendent, Goa Medical College, that facilities for his/ her treatment are not available in this State.
2. Certificate from the Mamlatdar of …… (taluka) that the total income of my/his family does not exceed Rs. 1,50,000/- p.a. and that he/she is registered in the Voters List (not applicable, is minor).
3. Shri/ Smt/ Kum. is a permanent resident of Goa residing for the last 15 (fifteen) years.

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 him/her for treatment at ……. (name of the hospital) …….. (place) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,