

## **HISTORY SHEET**

1. Name of the patient :
2. History of case :
3. Duration of treatment :
4. Its result :
5. Present Clinical findings :
6. Treatment suggested :
7. Name of the medicines & its approximate cost. :

Officer

Signature of Medical  
with seal.

## **MEDICAL CERTIFICATE**

Certified that Shri /  
Smt. \_\_\_\_\_  
son/wife/daughter/father/mother of Shri/Smt. \_\_\_\_\_  
serving as \_\_\_\_\_ employed in the office of the \_\_\_\_\_  
\_\_\_\_\_ is under my treatment for  
\_\_\_\_\_ as on Outdoor/Indoor patient vide Regd. No. \_\_\_\_\_  
Date \_\_\_\_\_.

The disease is being chronic in nature. He/She requires prolonged  
treatment with costly medicines for an approximate period of \_\_\_\_\_ years /  
months and in my opinion an approximate amount of Rs \_\_\_\_\_/-  
(Rupees \_\_\_\_\_) only will be required to  
meet the expenses.

Signature of Medical Officer  
with seal.

**UNDERTAKING FOR AVAILING MEDICAL ADVANCE FROM  
O.P.R & W FUND, CUTTACK**

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I \_\_\_\_\_ H/o, W/o, S/o, D/o of Shri/  
Smt. \_\_\_\_\_ do here by undertake that in case  
of the death of my \_\_\_\_\_ the outstanding O.P.R & W Advance,  
as sanctioned to him / her may be recouped from his / her Salary / R.C.M  
bills / Pensionary benefits such as D.C.R.G., unutilised Leave Salary or Death  
Relief amount. I also declare that, I will not object to such recovery in future.

Witness:- (1)

(2)

SIGNATURE

**UNDERTAKING FOR AVAILING MEDICAL ADVANCE FROM  
O.P.R & W FUND, CUTTACK**

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I \_\_\_\_\_ Rank \_\_\_\_\_ office of  
the \_\_\_\_\_ do here by  
undertake that in case of my discharge / dismissal / retirement or death, the  
outstanding O.P.R & W Fund advance as sanctioned in my favour may be  
recouped from my Salary / R.C.M bills / Pensionary benefits such as D.C.R.G,  
G.P.F, unutilised Leave Salary or Death Relief amount as the case may be.

Witness:- (1)

(2)

SIGNATURE

Counter signature of Head of office  
with Seal

**REQUIRED INFORMATION FOR SANCTION OF MEDICAL ADVANCE  
FROM O.P.R &W FUND**

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1. Name of the Applicant :
2. Rank and Designation :
3. Name of the District / Estt. :
4. Contact phone No. :
5. Home take salary per month :
6. Date of retirement :
7. Amount applied for :
8. Name of the patient and disease :
9. Maximum amount admissible for such treatment as per Health & Family Welfare Department Resolution No.17961 / H Dtd. 17.05.2002. :
10. How many times he has availed such advance and present recovery position. :
11. Whether the illness is verified and found to be genuine. :
12. Whether the undertaking of the applicant and his legal heir to repay the advance have been enclosed. :
13. Bank A/C No. of the Applicant (Salary Credit A/C.) :
14. Name of the Bank :
15. Branch Code No. :
16. I.F.S Code of the concerned Branch for R.T.G.S :
17. Whether the undertaking of the applicant and his legal heir with the counter signature of the Head of office is attached. :
18. Designation of D.D.O :
19. Bank A/C No. of the D.D.O & Name of the Bank. :

Certified that information furnished above are true to the best of my knowledge.

Signature of the Head of Office  
with seal