

**APPLICATION FOR ALLOWING MEDICINES IN EXCESS OF RS. 3000/-  
IN A FINANCIAL YEAR UNDER THE RAJASTHAN PENSIONERS  
MEDICAL CONCESSION SCHEME.**

Date

The Collector  
\_\_\_\_\_

Kindly extend the limit of free supply of medicines under the Rajasthan Pensioners Medical Concession Scheme. My Particulars and the recommendation by the treating Doctor are as follows :-

**PART – I TO BE FILIED BY THE PENSIONER**

- |    |   |       |
|----|---|-------|
| 1  | Full Name of the Pensioner  | _____ |
| 2  | Name of the Patient with his/her relationship with the Pensioner                                  | _____ |
| 3  | Address   | _____ |
| 4  | P.P.O.No.   | _____ |
|    | Medical diary No.   | _____ |
|    | Valid up to   | _____ |
| 5  | Amount of Pension   | _____ |
| 6  | Post from which Retired   | _____ |
| 7  | Where the patient s the Spouse of Pensioner His/Her monthly Income                                | _____ |
| 8  | Nature of Disease   | _____ |
| 9  | Name of Treating Doctor with Designation & Place of Posting                                       | _____ |
| 10 | Being treated by the Doctor Since   | _____ |
| 11 | Utilisation of Limit on date of Application<br>(Please attach latest voucher in Proof of S.No.11) | _____ |

The above information is true o the best of my knowledge.

Signature of Pensioner  
Full Name.

PART – II TO BE FILLED BY THE TREATING DOCTOR (AUTHORISED  
MEDICAL ATTENDANT)

1. Name of the Patient
2. Nature of Disease
3. Since when under his/her treatment
4. Likely duration of treatment
5. Permissible medicines prescribed. No cheaper substitute of equal Therapeutic value is available.

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6. Estimated monthly expenditure on the cost of medicines Prescribed.

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Signature & Seal of Treating Doctor

Second Medical Opinion by  
equivalent Doctor or Countersigned  
by next Senior Doctor

Note:- The District Collector may obtain Second Medical Opinion if the cost of treatment exceeds Rs. 5,000/- However, when financial limit is required to be extended beyond Rs. 25,000/-, the recommendation of the treating doctor should invariably be supported by Second medical opinion or should be Countersigned by the next Senior Doctor

**RAJASTHAN RAJYA SAHKARI UPBHOKTA SANGH LTD. JAIPUR**

**(To be submitted in Triplicate)**

Medical Diary No. \_\_\_\_\_

- 1 Name & P.P.O. No. of Pensioner : \_\_\_\_\_
- 2 Name of Patient : \_\_\_\_\_  
Relationship with Pensioner : \_\_\_\_\_
- 3 Address of Pensioner with Telephone NO. : \_\_\_\_\_
- 4 Name of the Shop issued NAC : \_\_\_\_\_
- 5 NAC No. & Date : \_\_\_\_\_
- 6 Details of Medicines Purchased : \_\_\_\_\_

S.No.	Cash Memo No./Date	Name of Medical Shop	Name of Medicines	Amount	
				Rs.	P.

i kf/kdkj lk =

ejismDr nkosdk Hkqrku Jh@Jherh-----

i@iRru@ifr-----irk-----

-----dksHkqrku dj fn; k tkop  
ftl ds fuEu gLrk{kj }kjk l R; kfir fd; k tk jgk gA

**Total Amount**

gLrk{kj vf/kdr iklrdrkz

g-iakuj

gLrk{kj iakuj

*(For office use only)*

Passed for Rs. \_\_\_\_\_ (In words Rs.) \_\_\_\_\_

Entered in Register at S.No. \_\_\_\_\_ Date \_\_\_\_\_.

Signature of Salesman

Name of Shop \_\_\_\_\_.

7. Received a sum of Rs. \_\_\_\_\_ (In words Rs. \_\_\_\_\_)  
on account of medicines purchased from private medical shop against the  
above NAC issued by CONFED shop.

Signature of Pensioner  
Authorised Recipient

8. Progressive Total of Expenditure  
Previous Total \_\_\_\_\_  
Amount of the Claim \_\_\_\_\_  
Grand Total \_\_\_\_\_

Checked & Verified

Signature of Supervisor

Signature of Salesman