

**Mukh Mantri Punjab Cancer Raahat Kosh Society
Recommendation by Govt. Medical College & Hospital Level Committee**

**Hospital's Name.....
(Govt. Medical College & Hospital Amritsar/Faridkot /Patiala / GMCH Sector 32, Chandigarh & PGI (MER), Chandigarh)**

Name of the Patient	Age/ Sex	Father's/ Husband's Name	Complete Residential address with Contact number	Whether belonging to Reserved Category (SC/ST only) Attach Proof	Diary No and date on Patient Application by Hospital	If grant was availed earlier under this scheme, Sanction Letter Number & Date Attach copy	Estimate/ Invoice given by the Hospital Attach copy	Hospital Rates	Amount Recommended by Hospital Level Committee	Date of Recommendation
1	2	3	4	5	6	7	8	9	10	11
					Diary No..... Date.....		Amount..... Dispatch No..... Date.....			

For the treatment of above mentioned patient, the Hospital Level Committee recommends an amount of Rs.(in Words Rupees.....) from Mukh Mantri Punjab Cancer Raahat Kosh Scheme to be paid to the Hospital

1. Diagnosing doctor (Pathologist/Radiologist)

Name Signature.....

2. Treating doctor

Name Signature.....

3. HOD (Department where treatment is to be done)

Name Signature.....*

4. Head of the Institution (Medical Superintendent/ Director)

Name Signature.....*

(With *Seal)