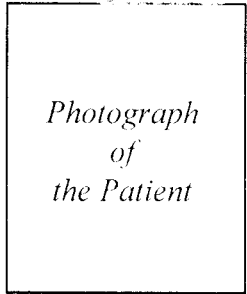


Name of the district: _____ **FORM – A**

No. :
Code No.

Signature of Issuing Officer



READ INSTRUCTIONS AT PART – I CAREFULLY

**GOVERNMENT OF MANIPUR
DIRECTORATE OF TRIBAL AFFAIRS AND HILLS**

(Application Form for Grant of Financial Assistance for Medical Treatment of
Scheduled Tribes Patients)

To,
The Director,
Directorate of Tribal Affairs & Hills
Government of Manipur

Sir,

I have the honour to submit this form along with all the relevant documents/
certificates (as per Part-I of the rule) for onward examination and necessary
recommendation of the Medical Board, Directorate of Tribal Affairs & Hills.

Further, I hereby also agreed to abide by the rules and regulations and decisions
of the Board.

Signature of the patient

Enclosures :

Name :

1.

Village/Town :

2.

P.O. :

3.

P.S. :

4.

Dist.

Name of the Bank

A/C No.....

IFSC Code No.....

Aadhaar No.....

PART - I

INSTRUCTION FOR APPLICANTS

1. A Scheduled Tribes patient may, in a prescribed form obtainable from this directorate, apply to the Director (TA&H) for grant of financial assistance for their treatment inside/outside the State.
2. Such an application should accompany the following documents :
 - (i) Medical certificate in a prescribed form to be issued by a registered Medical Practitioner preferably a specialist in the subject concerned.
 - (ii) All relevant reports (if any such as :
X-Ray, Blood examination report, Ultrasonography, Biopsy, Urine and Stool examination reports or whatever done for the diagnosis and confirmation of the disease.
 - (iii) Family income certificate and Tribe certificate from DC/SDO/SDC of the concerned District (only applicants having family income below poverty line will be eligible for this scheme.)
3. Very serious and non ambulatory cases seeking exemption from physical appearance to the Medical Board should submit a letter from his/her Doctor mentioning the detail reasons thereof. Such a letter should also be countersigned by the CMO/Superintendent concerned. In such a case, a photograph of the patient clearly showing the disease affected part where possible should be enclosed.
4. Only one application form will be issued to a patient or his representative at a time. Form issued to a patient cannot be used by other patient.
5. This prescribed application form and other documents shall also be applicable for the Medical Board (TA&H) at the District level.
6. The scheme is not applicable for Government Employee and their dependents.
7. Treatment under Private Practitioners/Private Hospitals are not acceptable.
8. The nature of ailment is the only basis for consideration.
9. Submission of form does not guarantee financial assistance. The decision of the Board in this regard, shall be final and binding.

PART - II

FORM OF MEDICAL CERTIFICATE FOR GRANT OF FINANCIAL ASSISTANCE OF MEDICAL TREATMENT OF POOR SCHEDULED TRIBE PATIENTS

(To be filled in by the concerned Doctor)

Ref. No.

Date

I, Dr. have thoroughly examined Shri/Smt/Km. year S/o, D/o, W/o, a resident of District under (Hospital, Ward No. & Bed No. etc. if admitted) and to the best of my clinical/pathological assessment he/she is diagnosed as a case of

(Please mention further treatment suggested & reasons if referred outside and nature of treatment given if it is a treated case.)

Disease as per my assessment is a

- | | | | |
|-------------|--------------------------|----------------|--------------------------|
| 1. Minor | <input type="checkbox"/> | 3. Major | <input type="checkbox"/> |
| 2. Moderate | <input type="checkbox"/> | 4. Complicated | <input type="checkbox"/> |

Signature of the Doctor

Countersignature of CMO/HOD/Superintendent of the Hospital

Full Name :
Designation :
Registration No. :
Seal :

PART - III

FORM OF NON-EMPLOYMENT CERTIFICATE OF THE PATIENT

This certificate is to be issued by a District
Employment Officer/any Gazetted Officer

This is to certify that Shri/Smt/Km.
S/o, D/o, W/o of
village in the District is not a full time Govt./
Private employee.

Name :

Designation :

Seal :

Date :

FORM OF NON-DEPENDENT CERTIFICATE

to be issued by any Gazetted Officer

This is to certify that Shri/Smt/Km.
S/o, D/o, W/o of
village in the District is Maniupr is not de-
pendent of a Govt. employee.

Name :

Seal

Designation :

Dated

Seal :