

TRM 1
(Item XI of Part A of Annexure I to Chapter 8)

Application for release of exchange for medical treatment abroad

Documentation

1. An estimate of expenses from the overseas doctor/hospital.
2. Passport of the patient and attendant/s.

1.	Details of the patient		
	(a)	Name	(a)
2.	Nature of the ailment		
3.	Expected duration of treatment		
	(i)	In hospital	(i)
4.	Exchange requirement for the patient		
	(a)	For medical treatment including hospitalisation	(a)
	(b)	For pre/post hospitalisation stay (Living and incidental expenses)	(b)
5.	Exchange requirements for attendant/s (if recommended by the doctor)		
	(a)	Name/s & address/es of the attendant/s	(a)
6.	Any other relevant information		

DECLARATION

I hereby declare that the statements made above are true to the best of my knowledge and belief.

I also declare that I/the patient have/has not submitted and will not submit any application for the same purpose to any other branch/office of any authorised dealer in foreign exchange in India.

I further undertake to submit within a period of 30 days of my/the patient's return to India, a statement of account of the expenses incurred abroad, duly supported by bills, where necessary, together with a certificate from the attending physician/surgeon that I/the patient have/has undergone the treatment.

.....
(Signature of patient/applicant)

Place:

Date:

Certificate from the Treating Physician/Surgeon

1.	Brief description of the ailment	
2.	Specific reasons for which a visit to a specialist/institution in a foreign country is necessary	
3.	Estimated period of treatment abroad	

I certify that I have satisfied myself that the ailment from which the patient is suffering is of such a nature that treatment abroad is necessary.

Signature _____
Name of the applicant _____
Registration No. _____
Address: _____

Place:.....

Date:.....