

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

No. TCII/2196/11/OH/Policy

Rail Bhavan, New Delhi, dt. 18.06.2014

The General Manager (Commercial),
All Zonal Railways.

Sub:- Revision of Concessional forms (combined form) for all the four categories of handicapped persons and for all categories of Patients except ostomy patients.

In order to simplify the concessional forms and make them user-friendly it has been decided to have a combined concession form for all categories of disabled persons and another single form (separately for outward and return journey) for all categories of patients except ostomy patients.

The revised Concessional form (combined form) for all the four categories of handicapped persons (one form) and the revised Concessional form for all categories of Patients (except ostomy patients)- two forms i.e. One for outward and one for, return journey are enclosed.

Zonal railways may print the revised forms and supply them to all concerned.

The revised forms shall come into effect w.e.f 15.07.2014.

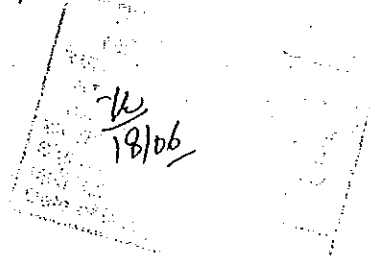
However, the concession certificates already issued on the pre-revised forms shall continue to be valid till the expiry period of the concession certificate's validity.

Necessary instructions should be issued to all concerned.

V/S
18/6/14
(Vikram Singh)
Director Passenger Marketing
Railway Board

- Copy to: 1. CCM/PM all Indian Railways
2. IRCA, Chelmsford Road, New Delhi for issue of necessary correction slip in coaching tariff no 25 Part 1 (Vol II).
3. MD/KRCL.
4. GM/Metro Railway/Kolkata.
5. MD/CRIS, Chanakyapuri, New Delhi

cc



Concession certificate form for orthopaedically handicapped/paraplegic person/patients/mentally retarded person /completely blind person/totally deaf & dumb person

Paste passport
Size photograph
Duly signed
And stamped by
The issuing doctor

This is to certify that KM/Shri/Smt _____ whose particulars are furnished below is a bonafied **ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON ***

Particulars:

- a) Address : _____
b) Father's/Husband's Name : _____
c) Age: _____
d) Sex : _____
e) Nature of Handicap: (To be written by doctor whether the disability is temporary or Permanent) : _____
f) Signature or thumb impression of the person seeking concession(not necessary for those with Both hands missing or non-functional): _____

(Signature of Government Doctor#)

Place: _____
Date: _____

Clear seal of Government
Hospital#

Seal containing full name and
Regn .No. of the Doctor#.

*Strike out where not applicable.

For blind persons RMP/head of institution for the blind recognized can also issue certificate for blind.

Note:

1) The certificate should be issued only to those **ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON**. The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

2) For Mentally retarded persons/Completely blind persons/Deaf and dumb persons (both afflictions together), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopaedically/paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (i) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period validity of the certificate, the person is required to obtain a fresh certificate.

3) Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded.

4) No alteration in the form is permitted.

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

No. TCII/2196/11/OH/Policy

Rail Bhavan, New Delhi, dt. 12.8.2014

The General Manager (Commercial),
All Zonal Railways.

Sub: Revision of forms for patients.

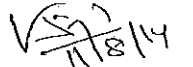
Ref: Board's Letter of even number dated 18.6.2014.

Reference Board's letter of even number dated 18.6.2014, wherein the forms of patients and disabled persons were revised. Certain modifications have been made in the combined forms for patients. The modified forms for patients (for both outward and return journey) are enclosed herewith.

Zonal railways may print the modified forms and supply to all concerned.

This will come in to force with immediate effect.

Necessary instructions should be issued to all concerned.


(Vikram Singh)
Director Passenger Marketing
Railway Board

Copy to: 1. CCM/PM all Indian Railways

2. IRCA, Chelmsford Road, New Delhi for issue of necessary correction slip in coaching tariff no 25 Part 1 (Vol II).
3. MD/KRCL.
4. GM/Metro Railway/Kolkata.
5. MD/CRIS, Chanakyapuri, New Delhi
6. The secretary, Ministry of Health Government of India, Nirman Bhawan, New Delhi.

Concession certificate

Concession to Cancer/ Thalassemia Major/ Heart (only for Heart operation)/ T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation patients/ Sickle cell Anaemia/ Apl astic Anaemia patients -

Return Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia Major / Heart (only for heart operation) / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in -charge of the recognized hospital by Health Department of central Government or the concerned State Government

The Station Master,

----- (Station)

----- (Railway)

This is to certify that Mr./Mrs./Ms. _____, whose particulars are furnished below, is bonafide Cancer/ Thalassemia Major / Heart only for heart operation / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centre/ Kidney patients only for dialysis/kidney transplant operation /Sickle cell Anaemia/ Aplastic Anaemia patients ** and is required to travel from _____ (Station) to _____ (station) on discharge from/after re-examination/periodical checkup/operation** at _____ + hospital/Institute/center**

Particulars of the Patient

- (a) Age
(b) Sex

Station _____

Date _____

Signature _____

Officer-in-charge of the

(Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti. Retroviral Therapy(ART) centre in case of AIDS patients)

(Name of the State)

Seal/Stamp of the

Hospital/Institute/Centre

** Strike out where not applicable.

+ . Indicate name of the Hospital/Institute recognized by Health Department of Central Government or the State Government concerned)/Nominated Centre.

Note:

1. This certificate is valid for three months.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for travelling from the station serving the recognized hospital/Institute/centre to the station serving his place of residence.

Concession certificate for patients

Concession to Cancer/ Thalassemia Major/ Heart (only for Heart operation)/ T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation patients/ Sickle cell Anaemia/ Aplastic Anaemia patients -

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia Major / Heart (only for heart operation) / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in -charge of the recognized hospital by Health Department of central Government or the concerned State Government

To

The Station Master,

----- (Station)

----- (Railway)

This is to certify that Mr./Mrs./Ms. _____, whose particulars are furnished below, is bonafide Cancer/ Thalassemia Major / Heart only for heart operation / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation /Sickle cell Anaemia/ Aplastic Anaemia patients ** and is required to travel from _____ (Station) to _____ (station). The patient has secured admission for treatment/is travelling for periodically check up/operation ** at _____ + hospital/Institute/centre**

Particulars of the Patient

(a) Age

(b) Sex

Station _____

Date _____

Signature _____

Officer-in-charge of the

(Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients)
(Name of the State)

Seal/Stamp of the
hospital/Institute/Centre

** Strike out where not applicable.

+ . Indicate name of the Hospital /Institute/ (recognized by Health Department of Central Government or the State Government concerned)/Nominated Centre.

Note:

1. This certificate is valid for three months from the date of issue except for cancer patients which is valid for one year.
2. No alteration in this form is permitted
3. Certificate should be issued to patients only for travelling from the station serving his place of residence to the station serving the recognized Hospital/Institute/centre.