

Form for the purpose of issue of rai concession to leprosy patients to be used by officer –  
in – Charge of Leprosy Hospital / Clinic Institution.

The Station Master,  
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This is to certify that Shri/Shrimati \_\_\_\_\_  
whose particulars are furnished below is a bonafide Leprosy Patient and is required to  
travel from \_\_\_\_\_ (Station) To \_\_\_\_\_  
(Station) on discharge from / after re-examination / periodical check up at  
\_\_\_\_\_ Leprosy Hospital / Clinic /Institution and is entitled to  
concession in rail fare.

Particulars of the Leprosy Patient :-

(a) Age :

(b) Sex :

(c ) Personal identification Marks (1) \_\_\_\_\_  
(2) \_\_\_\_\_

(d)He/She is suffering from infections/Non-infection Leprosy.

Station \_\_\_\_\_

Date \_\_\_\_\_

SEAL OF THE HOSPITAL  
CLINIC/Institution.

\_\_\_\_\_  
(Signature)  
Office-in-Charge of the  
Leprosy Hospital / Clinic / Institution

\* Strike out where not applicable

\*\* Indicate name of the Hospital .etc

for concession to patients of infections leprosy see Rule 149(3)

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Note :1. The certificate is valid for three months from the date of issue.

2.No alteration in the form is permitted unless attested by the issuing officer .

3.Certificate should be issued to the patients only for travelling from stations  
serving his place of residence to and from the stations serving the  
Hospital/Clinic/Institution.