

**Northern Railway**

Appendix 1/15  
Concession for T.B patients

APPENDIX 1/15  
(See Rule 101,Serial No.10)

**CONCESSION CERTIFICATE**

Form for the purpose of issue of Rail Concession to T.B Patients to be issued by the officer- in-charge of the T.B Hospital/Sanatorium.

This is to certify that Shri/Smt \_\_\_\_\_  
Whose particulars are furnished below, is a bonafide T.B patient,  
And is required to travel from \_\_\_\_\_ (station) to  
\_\_\_\_\_ (station).The patient has secured admission for  
treatments/is travelling for periodical checkup at the  
\_\_\_\_\_ T.B Hospiatl/Sanatorium.

**Particulars of the T.B Patient**

(a) Age:

(b) Sex:

Station: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature:  
Officer-in-charge of the  
hospital/sanatorium:

Seal of the  
Hospital/Sanatorium:

Strike out where not applicable  
Indicate name of the Hospital etc..

- 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 patients only for travelling from and to stations  
serving his place of residence to and from the stations serving the hospital  
sanatorium.