

AMO certificate

This is to certify that Shri _____,

Name

Design

Station

has informed the AMO on _____ regarding his admission since _____

Date

Date

in _____, _____. He/She has submitted the emergency

Private hospital,

Place

certificate of treating doctor, the illness has been verified by the AMO on ____ (date).

The distance from the place of incidence to _____ the private hospitals is ____ Km.

The distance from the place of incidence to Govt / Railway / Recognised Hospital where facilities to treat such cases is ____ km.

The patient has been advised to be shifted to the nearest Govt/Railway/Recognised hospital at the earliest.

This is a case of treatment taken in a private non recognized hospital, being a case referred / not referred by AMO/ Medical Board.

Place

Date

Signature of AMO & Seal

Emergency Certificate

This is to certify that the medical condition of above mentioned patient has been examined.

It fulfills the criteria for emergency as per Railway Board's Letter No 2005/H/6-4/policy II dated 31/1/2007& 22/6/2010 and S No 10/2010 dated 22/6/2010. **Yes / No**

The case is recommended for processing for reimbursement . **Yes / No**

(If 'No', Please give reasons below)

Date

Signature of CMS & Seal