

ADVANCE RATES NOTIFICATION FOR RATE ADVICE NO.06 OF 2014
(Coaching No. 22/2014)

Sub.:Revision of concession 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.

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.

(Board's authority No.TCII/2196/11/OH Policy dt.18.6.14)

(The previous ARN Chg.No.21/2014 regarding Modification in implementation of reservation of Passenger fare w.e.f.25.6.14)


(A.Sundar)
By CCM/PRS

/CHIEF COMMERCIAL MANAGER/PM

SOUTHERN RAILWAY

Office of Chief Commercial Manager,
Passenger Marketing, MMC, 4th Floor
Chennai-3,

No.C.170/Con/P/Vol.XII

Dt:30.6.2014

Copy to: Sr.DCM/ MAS TVC TPJ MDU, PGT & SA for information and necessary action please.
Data base, Console, Refund Section


(A.Sundar)
By CCM/PRS

/CHIEF COMMERCIAL MANAGER/PM

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 **ORTHOAEDICALLY 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 **ORTHOAEDICALLY 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 orthopedically/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.

Concession certificate for patients

Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia patients -

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia** 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 bonofide Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ 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 at _____ + hospital.

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
(Name of the State)

Seal/Stamp of the
hospital/Institute

** Strike out where not applicable.

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

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.

Concession certificate

Return Journey

Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia/ Ostomy patients** to be used by Officer-in -charge of the Hospital recognized by Health Department of central Government or the concerned State Government

The Station Master,

This is to certify that Mr./Mrs/Ms _____, whose particulars are furnished below, is a bonafide Concession to Cancer/ Thalassemia/ Heart / T.B./Lupas Valgaris/ Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/ Sickle cell Anaemia/ Aplastic Anaemia/ Ostomy patients ** required to travel from _____ (Station) to _____ (station) on discharge from/after re-examination/periodical checkup at _____ + hospital.

Particulars of the Patient

- (a) Age
- (b) Sex

Station _____

Date _____

Signature _____

Officer-in-charge of the
Hospital/Institution recognized by Health
Department of central Government/ State
Government
(Name of the State)

Seal/Stamp of the
Hospital/Institute

** Strike out where not applicable.
+. Indicate name of the Hospital, etc
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 to the station serving his place of residence.
