

**PROPOSAL FORM FOR TREATMENT OF RAJIV GANDHI UNIVERSITY
DOIMUKH REGULAR EMPLOYEES AND THEIR DEPENDANTS OUTSIDE
ARUNACHAL PRADESH**

1. Name of the patient :
2. Age :
3. Sex :
4. Relation to Govt. Servant :
5. Name of the Govt. Servant :
6. Designation :
7. Department/detailed address :
8. Short history :
9. Physical finding :
10. Treatment given :
11. Recommendation :
12. Designation of the specialist :
to whom / hospital referred

Name and Signature of M.O./Specialist

Designation with seal

Memo No..... / Dated.....

Medical Superintendent
Hospital seal