

## TRM 1

(Item XI of Part A of Annexure I to Chapter 8)

### Application for release of exchange for medical treatment abroad

#### Documentation

1. An estimate of expenses from the overseas doctor/hospital.
2. Passport of the patient and attendant/s.

1.	Details of the patient		
	(a)	Name	(a)
	(b)	Address	(b)
	(c)	Nationality	(c)
	(d)	Passport No. & date	(d)
	(e)	Passport issued at	(e)
2.	Nature of the ailment		
3.	Expected duration of treatment		
	(i)	In hospital	(i)
	(ii)	Pre/Post hospitalisation	(ii)
4.	Exchange requirement for the patient		
	(a)	For medical treatment including hospitalisation	(a)
	(b)	For pre/post hospitalisation stay (Living and incidental expenses)	(b)
5.	Exchange requirements for attendant/s (if recommended by the doctor)		
	(a)	Name/s & address/es of the attendant/s	(a)
	(b)	Amount of exchange required and number of days	(b)
6.	Any other relevant information		

#### DECLARATION

I hereby declare that the statements made above are true to the best of my knowledge and belief.

I also declare that I/the patient have/has not submitted and will not submit any application for the same purpose to any other branch/office of any authorised dealer in foreign exchange in India.

I further undertake to submit within a period of 30 days of my/the patient's return to India, a statement of account of the expenses incurred abroad, duly supported by bills, where necessary, together with a certificate from the attending physician/surgeon that I/the patient have/has undergone the treatment.

.....  
(Signature of patient/applicant)

Place: .....

Date: .....

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**Certificate from the Treating Physician/Surgeon**

1.	Brief description of the ailment	
2.	Specific reasons for which a visit to a specialist/institution in a foreign country is necessary	
3.	Estimated period of treatment abroad	

I certify that I have satisfied myself that the ailment from which the patient is suffering is of such a nature that treatment abroad is necessary.

Signature \_\_\_\_\_

Name of the applicant \_\_\_\_\_

Registration No. \_\_\_\_\_

Address: \_\_\_\_\_

Place:.....

Date:.....