

**APPENDIX – II**

**THE KERALA GOVERNMENT SERVANTS MEDICAL ATTENDANCE RLES 1960**

(Proforma to be filled up by the Authorized Medical Attendant when a patient is referred to other hospitals within/outside the state)

1. Name and address of patient :
2. Whether employed if so  
(a) Pay & Scale of pay :  
(b) Office in which employed :
3. Residential address of the patient :
4. Place at which the patient fell ill :
5. Whether hospitalized or not :
6. If hospitalized whether in government Hospital/Private hospital with name of the hospital :
7. If advised hospitalization outside the state, the hospital where the patient is admitted first. State the reason for outside Hospitalisation. :
8. Details of permission granted for outside treatment :

Signature of authorized Medical Attendant

(i). Remarks of unit chief/ Head Of Department

(ii) Remarks of Superintendent of Hospital

Counter Signature of DME/DHS