

**KOLLAM DISTRICT POLICE DEPARTMENT EMPLOYEES
CO-OPERATIVE SOCIETY- Q 1179 KOLLAM - 1**

Application For Free Treatment Plan

1. Employee Name
(Full name with initials) :
2. Designation :
3. General Number (if any) :
4. Member No. :
5. Pen No. :
6. Age and Date of Birth :
7. Unit :
8. Contact Number :
9. Official Address :

10. Residence Address :

11. Name of Hospital in which
the patient admitted with date :

12. Recommendation of doctor with
signature, Date and seal. :

I..... here by declare that the particulars furnished by me are correct.
I enclose photo copies of relevant documents on support of my statement. I undertake to furnish original documents if needed for verification.

Signature of applicant

For Office Use