



GOVERNMENT OF KERALA

Abstract

INTEREST FREE MEDICAL ADVANCE TO GOVERNMENT EMPLOYEES -
MODIFICATION TO APPLICATION FORM - ORDERS ISSUED.

FINANCE (LOANS) DEPARTMENT

G.O. (P) No.586/13 /Fin.

Thiruvananthapuram, Dated, 03.12.2013

Read: - 1. G.O.(P) No.1071/01/Fin dated 27.09.2001.
2. G.O.(P) No.358/07/Fin dated 10.08.2007.

ORDER

As per the Government Order read above an application form for Interest Free Medical Advance to Government employees was introduced. But now certain Lacunae have been noticed in the application form. In the circumstances, Government are pleased to modify the Application form for Interest Free Medical Advance as appended to this order with immediate effect.

Necessary Orders will be issued later, to incorporate the form in K.F.C. Vol.II.

BY ORDER OF THE GOVERNOR

C.MARY
ADDITIONAL SECRETARY (FINANCE)

To

- The Principal Accountant General (A&E/G&SSA) Kerala, Thiruvananthapuram
- The Accountant General (E&RSA) Kerala, Thiruvananthapuram
- All Heads of Departments and Offices.
- All Departments (all sections) of the Secretariat.
- The Secretary, Kerala Public Service Commission (with C.L.)
- The Registrar, High Court of Kerala, Ernakulam (with C.L.)
- The Registrar, Kerala Agriculture University, Thrissur (with C.L.)
- All Secretaries, Additional Secretaries, Joint Secretaries, Deputy Secretaries and Under Secretaries to Government.
- The Secretary to Governor.
- The Director of Treasuries, Thiruvananthapuram.
- The District Treasuries/Sub Treasuries.
- The Director of Public Relations, Thiruvananthapuram.
- ✓ The Nodal Officer, Finance Department.
- Stock file/Office copy.

Forwarded / By Order


Section Officer

**FORM OF APPLICATION FOR INTEREST FREE MEDICAL ADVANCE TO
GOVERNMENT EMPLOYEES**

- 1 Name of applicant :
- 2 Designation :
- 3 Name of Institution/Office :
- 4 District and Station :
- 5 Date of Birth :
- 6 Date of First appointment/Date of entry in Service :
- 7 Date of superannuation/retirement :
- 8 Pay and Scale of Pay :
- 9 Nature of appointment (Provisional/regular) :
- 10 Length of service as on the date of application :
- 11 Length of remaining service as on the date of application :
- 12 Whether the applicant is a Gazetted Officer or Non-Gazetted Officer :
- 13 The designation of the drawing officer/countersigning authority :
- 14 The name of the Treasury from which the amount is proposed to be drawn :
- 15 Name, address and relationship with the patient :
 - (i) Name :
 - (ii) Age :
- 16 Whether the patient is a Government Employee :
- 17 Whether the patient is a Service Pensioner :
- 18 Purpose for which it is required :
 - (i) Name of Hospital :
 - (ii) Date of Surgery :
 - (iii) Name of Surgery/treatment :
- 19 Amount to be deposited :
- 20 Approximate expenditure :
- 21 Amount of advance required :
- 22 Whether advance for similar purpose was obtained previously and if so:-
 - (i) The No. and date of the Government Order sanctioning it :
 - (ii) Date of drawal of the Advance :
 - (iii) Whether the amount of advance has been utilized. Details of adjustment made :

- (iv) Balance if any outstanding, if so reason for non-utilization of full amount sanctioned :
- 23 In dependent case whether the patient has any other children other than applicant :
- (a) If yes, No. of children and their income profile may be included (age, profession, annual income of each) :
- 24 Specify whether they are working Private/Government/ Abroad :
- 25 The DDOs/HODs may countersign the bill and certificate obtained from the party whom Medical Reimbursement claim is released or IFMA adjusted

Certified that the information given above is complete and true and that I will comply with the rules laid down in the case of Interest Free Medical Advance from the time to time.

Signature of the applicant:

Name:

Designation:

ENQUIRY CERTIFICATE

1. Certified that the applicant has no other means to raise the amount for meeting the expenditure.
2. Certified that I have made enquiries about the purpose for which the advance is applied for and have been satisfied myself with the genuineness of the facts attached to with this application.
3. Certified that the applicant will continue in service till the complete repayment of the advance as per existing Rules/Orders

Place:

Date:

Signature:

Name and Designation: