

**Annexure-VII**  
**FORM - C**  
**(Application for Self Treatment under Mediclaim Scheme)**

Name:-.....

Address:-.....

.....

Dated:-        /        /

To,  
**The Director,**  
**Directorate of Health Services,**  
**Panaji Goa.**

**Sub: Treatment under Mediclaim Scheme.**

Sir,

I have to proceed to ..... (place)for Medical treatment at ..... ( Name of Hospital) as required under the scheme, I am submitting herewith the following certificate:-

- (i) Certificate from the Medical Superintendent, Goa Medical College/ Directorate of Health Services that facilities for my treatment are not available.
- (ii) Certificate from the Mamlatdar of ..... certifying that total income of my family members does not exceed Rs. 1,50,000/- per annum and that I am registered in the voter's list.

**OR**

- (iii) Certified copy of the P.P.O. bearing No. .... confirming that the patient is a retired State Government Employee.

I shall be obliged if a letter recommended me for medical treatment at ..... (name of hospital) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

Encl: As above.

( **Signature** )