

This is the format for medical certificate to be issued by CHSS authority/ CMO of local DAEunits to employee of AEES who wishes to apply for transfer of posting on medical ground

LETTERHEAD OF ISSUING AUTHORITY

Note to Medical officer: - as per guidelines issued by AEES for request transfer on medical grounds following ailments are only to be considered:

- i. Cancer ii. Paralytic Stroke iii. Coronary Artery Disease ** iv. Renal failure
v. Thalassemia major vi. Parkinson' Disease vii. Motor Neuron Disease viii. AIDS
ix. Any other ailment of severe/serious nature

** The cases involving surgery approved by CHSS to correct narrowing or blockage of one or more coronary arteries or valve replacements/ reconstructions shall be considered upto 3 years from the date of surgery. Cases involving non-surgical techniques/ Angioplasty will be considered for a period of 1 year from the date of procedures.

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1. Name of the employee : _____
 2. Name of the patient : _____
 3. CHSS number of patient : _____
 4. Relationship with employee : Self/spouse/children/parents/dependent
 5. It is certified that the aforesaid patient is having the following ailments with the details as given below (to be filled in by medical officer),

6. The treatment for the above-mentioned ailment of the patient is provided in the local CHSSmedical facility (strike-out if not applicable)
7. The treatment for the above-mentioned ailment of the patient is not available in the local CHSS medical facility and he/she has been referred to _____
_____ where the patient has to frequently visit and needs to stay at nearby place.

Sign and seal of CHSS medical officer/ CMO local DAE unit