

PAYMENT OF 30% BENEFIT FROM A MEMBER'S EMPLOYEES' PROVIDENT FUND ACCOUNT FOR MEDICAL PURPOSE AS PER EMPLOYEES' PROVIDENT FUND ACT NO 15 OF 1958 AMENDED BY EMPLOYEES' PROVIDENT FUND ACT,NO 02 OF 2012

MEDICAL CERTIFICATE

To The Commissioner General of Labour

I..... being government registered medical practitioner bearing the registration no of Sri Lanka Medical Council, do hereby declare that (Name of member of the fund) who is a member of the Employees' Provident Fund or who is his/her spouse or who is his/her child has been examined by me on day of 20..... , and I do hereby certify that to the best of my knowledge, the said (Who was examined by medical practitioner) obtained / should be given medical treatment due to the reason marked below.

I	Heart surgery (Excluding By-pass)	
II	By-pass surgery	
III	Treatment for Cancer	
IV	Kidney transplant	
V	Cesarean operation	
VI	Hospitalization for not less than fourteen days on account of an accident	
VII	Other surgery	

.....
Signature of Member

.....
Signature of Medical practitioner

.....
Official Frank

Date:

Date:

(This part should necessarily get certified by the Director/ Medical superintendent or an officer authorized by him in case of government hospital and by the Administrative Manager if it is a private hospital)

Name of the hospital:

In case of government hospital:

.....
Signature of Director / Medical superintendent

.....
Official Frank

Date:

In case of private hospital:

.....
Signature of Administrative Manager

.....
Official Frank

Date:

(To be filled by applicant)

The percentage of benefit claimed out to total balance of your Employees' Provident Fund account (to the nearest Cardinal number of percentage subject to maximum 30%) :-

.....
Signature of Member

.....
Date