## 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

Ι	Heart surgery	
II	Bypass surgery	
III	Treatment for Cancer including surgery	
IV	Kidney transplant or surgery	
V	Cesarean operation	
VI	Hospitalization for not less than fourteen days on account of an accident	

Signature of Member	Signature of Medical practitioner	Official Frank	
Date:	Date:		
(This part should necessarily get cert	ified by the Director/ Medical superintendent o	r 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

Date: .....

In case of private hospital:

Signature of Administrative Manager

Official Frank

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 Merinder	Signature	of Member
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