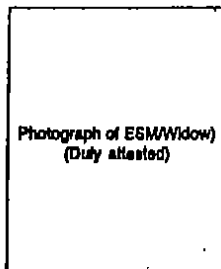


APPX A

(Ref Para 3 (a) of HQ Western
Comd letter No 54500/R/Q2
(Can) dt Jul 05).

**MEDICAL CONDITION/ADVANCE AGE/INFIRMITY CERTIFICATE TO BE ISSUED
BY MH/CH FOR COLLECTION OF GROCERY STORES BY AUTHORIZED
DEPENDENTS ON BEHALF OF ESM/WIDOWS**



1. I No _____ Rank _____ Name _____,
have examined ESM/Widow of No _____ Rank _____ Name _____
_____ on this day of _____ of month _____ of year _____
_____ and certify that he/she is unable to physically move / visit the depen-
dent URC due to advance age/ confirmed infirmity, (_____),

(Here mentioned infirmity in brief)

and recommend for authorization of his dependent for collection of grocery items from
dependent URC.

2. This certificate will be valid for one year from _____ (date) to
_____ (date).

Round stamp
Of CH/MH

Station : _____

Date : _____

Signature of Staff Surgeon /Specialist

No _____ Rank _____

Name

(To be submitted in Duplicate)

APPX B

(Ref Para 3 (b) of HQ Western
Comd letter No 54500/R/Q2
(Can) dt Jul 05)

No _____ Rank _____
Name _____
Liquor Card No _____

(Address)
Tele/contact

No _____
Stn HQs

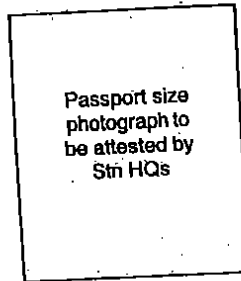
**REQUEST FOR AUTHORIZATION OF DEPENDENT FOR
COLLECTION OF GROCERY STORES**

Sir,

1. Ref HQ Western Command SOP on the subject (vide No _____ dt _____).

2. Medical certificate vide Appx 'A' is encl herewith. Details of dependant to be auth are as under.

- (a) Name _____
- (b) Date of birth/Age _____
- (c) Relationship with ESM/Widow _____
- (d) Residential Address _____
- (e) Tele/Contact No _____
- (f) Identification Mark _____



3. It is requested that the above mentioned dependant be authorized to collect Grocery Stores ex _____ on may behalf.

Signature of auth dependant

Signature of ESM/ Widow

(For use by Stn HQs _____)