

ANNEXURE-II

Recommendation form for Mukha Mantri Chiranjivi Jeevan Raksha Yojana

To,

The Director (Public Health)

Dear Sir/madam,

Subject: Good Samaritan Information-regarding disbursal of reward money/certificate of appreciation under Jeevan Rakshak Yojana (JRY).

I would like to inform you about the Good Samaritan who helped in the transportation of accident victim to our Clinical Establishment within Golden Hour.

Name of Good Samaritan	
Name of Co-Good Samaritan(s) (If any)	1- 2-
Address of Good Samaritan	
Mobile No. of Good Samaritan	
Email Id of Good Samaritan	
Bank Details with IFSC Code	
Road Accident Details	
Location of road accident with jurisdiction of police station	
Date and Time of accident	
Date & Time of arrival of road clinical accident victim in establishment	
Name (s) of road accident victim/ Victims	
MLC No:	
Type of injury (Please tick whichever is applicable)	Serious Injured Minor Injured

I do recommend for:

reward money and certificate of appreciation
only certificate of appreciation

for Good Samaritan(s) as per the provisions of Jeevan Rakshak Yojana (JRY).

Yours sincerely

Signature:

Name of In-Charge:

Name and Address of Clinical Establishment: