

(To be submitted in duplicate)

Appx 'A'
(Ref Para 3 (a) of HQ Western Comd letter
No 54500/R/Q2 (Can) dt _____).

No _____
Name _____
Liquor Card No _____

Station Headquarters

(Address)
Tele/Contact No _____
Membership Number: _____

REQUEST FOR AUTHORISATION OF DEPENDENT FOR COLLECTION OF GROCERY STORES

Sir,

1. Ref HQ Western Command SOP on the subject (vide Para 3 (a) of HQ Western Comd letter No 54500/R/Q2 (can) dt _____ Jul 2005).

2. Medical certificate vide Appx 'A' is encl herewith. Details of dependent to be authorised are as under:-

(a) Name _____

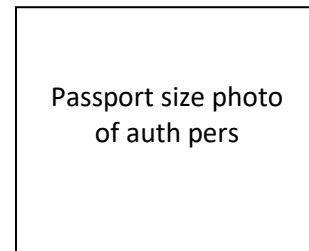
(b) Date of Birth/Age _____

(c) Relation with ESM/Widow _____

(d) Residential Address _____

(e) Tele/Contact No _____

(f) Identification Mark _____



3. It is requested that the above mentioned dependent be authorised to collect Grocery Stores ex _____ on my behalf.

(Signature of auth dependent)

(Signature of ESM/Widow)

(For use by Stn HQs _____)

**MEDICAL CONDITION/ADVANCE AGE/INFIRMITY CERTIFICATE TO BE ISSUED
BY MH/CH FOR COLLECTION OF GROCERY STORES BY AUTHORISED 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/vis the dependent URC (DSOI) due to advance
age/confirmed infirmity. (_____)
and recommended for authorization of his dependent for collection of **Grocery Items** from
Dependent URC (DSOI).
2. This certificate will be valid for one (01) year from _____ (date) to _____ (date)

Round Stamp
of CH/MH

Signature of Staff Surgeon/Specialist

No _____

Rank _____

Name _____

Station: _____

Date: