

## ANNEXURE-I

## Hospital Record of Good Samaritan

Name, Age, & Sex 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	
<b>Road Accident Details</b>	
Location of road accident with jurisdiction of police station Date and Time of accident	
Date & Time of arrival of road accident victim in clinical establishment	
Name (s) of road accident victim/ victims	
MLC No:	
Type of injury (Please tick whichever is applicable)	Serious Injured                      Minor Injured

Name &amp; Signature of Casualty Medical Officer (CMO)

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	
<b>Road Accident Details</b>	
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:



राजस्थान सरकार

मुख्यमंत्री चिरंजीवी जीवन रक्षा योजना

गुड सेमेरिटन प्रोत्साहन प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री / श्रीमति \_\_\_\_\_ निवासी \_\_\_\_\_  
द्वारा दिनांक \_\_\_\_\_ को सड़क दुर्घटना में घायल व्यक्ति (नाम) \_\_\_\_\_ की मदद कर अस्पताल  
में लाया गया।

इनको सड़क दुर्घटना में घायल व्यक्ति की मदद करने पर प्रोत्साहन के रूप में यह प्रमाण पत्र जारी किया जा रहा है।

हस्ताक्षर  
निदेशक (जन स्वास्थ्य)  
चिकित्सा एवं स्वास्थ्य सेवाएँ,  
राज. जयपुर

कम संख्या ...../जारी दिनांक