

In Rs 5 stamp paper

Date

The Drugs controller of Kerala  
Public Health Lab Campus  
Trivandrum  
(Through the member of the advisory panel for that particular zone)  
Trivandrum 695011)

Sir

We have formed a palliative care clinic at .....

We have a doctor with .....weeks/months training in palliative care from .....and other required facilities.

We hereby request approval as a Recognised Medical Institution (RMI) and allotment of annual quota of 0.5 Kg of morphine.

The required forms duly filled, are attached.

Yours faithfully

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.....  
.....

Cc: Dr M.R.Rajagopal  
Co-ordinator of advisory panel

Encl:

1. Annexure I duly filled
2. Annexure III duly filled
3. Qualifying certificate of trained doctor (true copy attested by Gazetted officer)
4. Registration of trained doctor in Medical council (true copy attested by Gazetted officer)
5. Certificate of palliative care training of doctor (true copy attested by Gazetted officer)
6. Copy of trust deed or similar document showing authenticity of the institution. (true copy attested by Gazetted officer)