

अनुसूची-४

(कार्यविधिको दफा ५ को उपदफा (१) संग सम्बन्धित)

सैनिक हवाई महानिर्देशनालय (Directorate General of Army Aviation)
नेपाली सेना (Nepalese Army)

घाईते विरामी उद्धार अनुरोध फर्म (CASEVAC/MEDEVAC FLIGHT REQUEST FORM)

CASEVAC/MEDEVAC (Circle one)

अनुरोधकर्ताले भर्ने (To be filled by the Requester)

सेक्टर (Evacuation Sector):

विरामी उद्धार गर्नुपर्ने स्थान (The Patient(s) pick-up Point/ HLS) :

सम्पर्क पद र नाम (Point of Contact Rank & Name) :

.....

टेलिफोन (Tel) :.....

Patient Information: CIV/MIL/APF/NP/GoN/Quasi-Gov/Others

1. नाम (Name) : 2. नं. (Service Number):

3. नागरिक (Nationality) : 4. उमेर (Age): 5. दर्जा (Rank)

6. ब्लड समुह (Blood Group): 7. विदेशी भए पासपोर्ट नं. (If foreigners, Passport No.):

8. विरामीको अवस्था (Evacuee Status): हिड्न सक्ने (Walking) बस्न सक्ने (Sitting) स्ट्रेचर (Stretcher)

9. घाईतेको अवस्था बारेमा थप जानकारी (Description of Injury or Accident/Incident) :

.....

.....

समय (Time) : मिति (Date): .../.../.... नाम र दस्तखत (Name & Sig) :.....

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युद्धकार्य निर्देशनालयले भर्ने (To be filled by Directorate of Military Operation)

DMO DO: Received / Filled by (Name, Rank) Officer :.....

Time: Date: /..... /..... Sig:

DMO response in co-ordination with medical rep:

1. Urgency of Response: Immediate/ASAP/Can wait, if necessary:

2. Evacuee / Patient Travel to:

3. MEDEVAC Team/ Escort: Essential: If possible: Not necessary;

4. MEDEVAC Team / Escort / Personnel accompany the Patient (s), Information:

a. Name: Rank/Title: Number.....

b. Name: Rank/Title: Number.....

5. Recommendation:

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6. " I believe that the movement of the patient with Army assets to the next care facility will be for his/her benefit. I base this conclusion on the medical information and/or my examination of the patient at the time which the case was presented to me, either in person or via telecommunications".

7. For MEDEVAC Request, select one: Flight to Army Hospital/ Name of Hospital:

8. Authorized at Army Expense: Authorized at concerned Expense:

Not Authorized: Remarks:

Time: Date: / / Name & Sig:

सैनिक हवाई महानिर्देशनालयले भर्ने (To be filled by Directorate General of Army Aviation)

DGAA Office's Approval : Approved: Not Approved:

Time: Date:..... / / Name & Sig:

चार्टर उडान शाखाको अफिस कार्यको लागि (AVIATION OPERATIONS USE ONLY)	
उडान अनुरोध नम्बर (C/M FLIGHT REQUEST Number)	प्राप्त भएको (Received): मिति (Date):/...../20..... समय (Time) : दर्ता गर्नेको नाम (By) : Sig: Remarks:

Contacts: CGS 4238270; DMO 4226020; DGAA 4113009; MAB 4474953, 4471653, 4480910, VVIP 4471670, 4471341