

APPLICATION FOR GRANT OF PERMISSION FOR DIAGNOSTIC TESTS/MEDICAL TREATMENT

[Test/Treatment is to be taken by the official after getting written permission from the Office]

1. Name of the Employee (in capital letters): Shri/Smt./Km. _____
2. Designation: _____
3. Basic Pay: _____
4. Name of the Patient: _____
5. Relation with the Employee: _____
6. Diagnostic Tests/Treatment recommended by :[Please () against the relevant head]
(a) CMO, CGHS Dispensary () (b) Specialist, Govt. Hospital ()
(c) Authorised Medical Attendant [for beneficiary not covered under CGHS] ()
7. Date of Prescription slip (s): _____

8. Details of the Diagnostic tests/Medical Treatment	9. Name of Diagnostic Centre/Hospital where Medical Diagnostic test/Treatment is to be taken

10. To be filled by beneficiary covered under CGHS

(a) CGHS Card No.	
(b) Name & Number of the Dispensary	

11. To be filled by beneficiary not covered under CGHS

- (a) Name of the Authorised Medical Attendant (AMA): Dr. _____

12. I have enclosed the photocopy of the following documents:

- (a) Prescription slip issued by the doctor.
{The name of the doctor, dispensary, date and stamp should be clearly visible and legible}
- (b) CGHS Card
- (c) Order of appointment of AMA [for beneficiary not covered under CGHS]

13. I may kindly be granted permission for the above mentioned Test/Treatment.

Signature: _____
Branch: _____
Tel.No.: _____
Date: _____