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**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: \_\_\_\_\_