

**APPLICATION FORM FOR PERMISSION FOR GETTING
TREATMENTS/ INVESTIGATIONS DONE FROM CGHS
RECOGNIZED PRIVATE HOSPITALS/ DIAGNOSTIC CENTRES**

S.No.	PARTICULARS		
1.	Name of CGHS Beneficiary & Card No.		
2.	Designation of CGHS Beneficiary		
3.	Basic Pay/ Pension + Dearness Pay/ Relief of CGHS Beneficiary		
4.	Detail of the Patient and Relationship with CGHS Beneficiary		
	Name of Patient	Relationship	CGHS Card No.
5.	Name of Hospital/ CGHS Dispensary which has prescribed Treatment/ Investigation	Date of Prescription	Name (s) of Treatment/ Investigations required
6.	Name and address of CGHS recognized Hospital/ Diagnostic Centre from where treatment/ investigations are to be done		

* I undertake that family member(s) as indicated above is / are dependent upon me and his/ her/ their income from all sources does not exceed to Rs.3500/- (as per instructions vide OM No. S.11015/10/2011-CGHS (P) dated 13.07.2011). If there is any discrepancy, I shall be fully responsible for the same.
(*Strike off if not applicable)

Note:- Spouse does not come under this category i.e. income of Rs.3500/-

Dated.....

.....
(Signature of Applicant)

Name of Applicant.....

Designation.....

Tel/Mobile No.....

P.S: Kindly attach the photocopy of CGHS Card, prescription slip and office I.Card.