

APPLICATION FOR GRANT OF PRIOR PERMISSION FOR MEDICAL
TREATMENT/TEST

1	Name & Designation	
2	Employee ID No	A-
3	Full Office Address (Dte/Section/Branch)	
4	Pay in Pay Band AND Grade Pay	
5	CGHS Card No (please attach copy of CGHS Card)	
6	Dispensary No and name to which attached	
7	Name of the patient and relation with the employee	
8	Residential address	
9	Test/treatment advised by (please attach copy of prescription)	CGHS/AMA/Govt Hospital
10	Name of procedure/test(s) (correct name of the procedure/test to be indicated, if needed be in consultation with treating doctor)	
11	Diagnostic Centre/Hospital (recognized under CGHS) from which tests/treatment is/are required	
12	Check List: Copy of CGHS Card attached Copy of prescription slip attached Copy of AMA appointment letter	Yes/No Yes/No Yes/No/Not applicable

Note: all columns must be filled

Dated:

Signature of Applicant

Contact No :

Mobile No(for receiving SMS) :

Part II

File No-----

Date-----

Forwarded to CAO/Medical Cell, Room No 72-A, O/o the JS(Trg) & CAO, CAO/Medical Cell, E Block, New Delhi-11

Signature of Section-in-charge of the Applicant