

**PROFORMA FOR SEEKING  
PRIOR PERMISSION FOR UNDERTAKING TEST/TREATMENT  
AT CGHS RECOGNIZED HOSPITAL/DIAGNOSTIC CENTER**

1. NAME OF EMPLOYEE / PENSIONER:- .....
2. IF IN SERVICE, STATE:-
  - a Designation : .....
  - b Division / Officer : .....
  - c Basic Pay : .....
  - d Telephone No. : .....
3. IF PENSIONER, Give P.P.O. Number : .....
4. NAME OF PATIENT : .....  
(with Relationship)
5. ACTUAL RESIDENTIAL ADDRESS : .....
6. \*CGHS CARD NO. : ..... VALID UPTO : .....
7. \*\*CONSULTATION AT, Please tick : (a) CGHS Dispensary Or (b) Govt. Hospital.
8. NAME AND ADDRESS OF CGHS RECOGNIZED HOSPITAL/DIAGNOSTIC CENTERS  
WHERE HE / SHE INTENDS TO UNDERTAKE THE SPECIFIED TESTS / TREATMENT :  
.....  
.....
9. NAME OF TESTS/PROCEDURE / TREATMENT .....

- ENCLS :
- 1 Photocopy of CGHS Card with validity\*  
(Employees/Pensioner Patient)
  - 2 Photocopy of Prescription Slip\*\*  
of CGHS Dispensary OR Govt. Hospital.
  - 3 Photocopy of P.P.O

SIGNATURE OF APPLICANT