

Government of India
Ministry of Micro Small & Medium Enterprises
Office of the Development Commissioner(MSME)

The Dy. Director (Admn. HE)
O/o DC(MSME),
Nirman Bhavan, New Delhi.

Subject: - Request for granting permission for lab investigation/treatment/extension of treatment at CGHS recognized Hospital/Diagnostic Centre.

1. Name of Applicant (Block Letters) :
2. Designation :
3. Employee Code No. :
4. Tel.No./Intercom/Mobile No. :
5. Pay in the pay band :
6. E-mail :
7. Residential Address :
8. Advised by (a) Name of the Doctor+ :
Designation + Hospital Name etc.
(Photocopy of the prescription to be attached)
9. CGHS card No. (if CGHS beneficiary) :
(copy to attached)/Name of AMA
10. Name of the patient & relationship
With the Government Servant
11. Name of the Investigations/treatment : 1..... 2.
3..... 4..... 5.6.
12. Name of the CGHS recognized Hospital/diagnostic center for which permission is required.
13. Remarks (if any)
 - a. I hereby declare that the dependent family members income from all sources does not exceed Rs.3500/- per month.
 - b. Joint Declaration is submitted by me for taking this facility from DC(MSME) (in case of spouse is serving)

(Signature)

Name :.....

(**Administration**)

Above said request is in order/not in order, Director (Admn.) being the authority competent may kindly approve the same. The permission may be granted for a period of..... months w.e.f.

(Section Officer/Deputy Director)