**APPLICATION FOR ISSUE OF ADMISSION MEMO**

To,

The senior Deputy Accountant General (Admn)

O/o the Accountant General (Au) AP

Vijayawada.

Sub: Application for permission for Consultation/Investigation(s)/Admission.

Sir,

I request you to kindly issue me permission letter for Consultation/Review/investigation (s)/Admission to Hospital/Diagnostic Centre as per advice of Specialist at CGHS, the details of which are as follows.

|  |  |  |
| --- | --- | --- |
| 01. | Name of Govt. Servant | : |
| 02. | Name of the patient & age | : |
| 03. | Relationship with Govt. Servant | : |
| 04. | CGHS Card Number | : |
| 05. | Nature of disease and diagnosis | : |
| 06. | Permission for | : |
| 07. | Referred by Doctor | : |
| 08. | Basic Pay | : |
| 09. | Residential address | : |
| 10. | Hospital in which Govt. Servant desires to undergo the treatment | : |

**UNDERTAKING**

I hereby undertake to bear the expenditure in excess of the package rate/ceiling fixed by the Government for treatment of Sri/Smt./Kum.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Yours faithfully

|  |  |
| --- | --- |
| Name & Designation of the Govt. Servant | : |
| CGHS Card No. | : |
| Section | : |

Encl:

1. CGHS Card Copy :
2. CGHS Advise Copy :