

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)