

File No.....
Government of India
Ministry of Communications & Information Technology
Department of Information Technology
National Informatics Centre
Name of the State Centre/UT Unit
Address of the State Centre/UT Unit

Dated: __/__/__.

To

The Medical Superintendent,
Name of the Hospital,
Address of the Hospital.

**Subject: Permission for Cashless/Credit Facility for Medical Treatment/Tests/
Investigations to Name of the Officer, Designation, Emp. Code-____ at approved rates.**

Sir/Madam,

Name of the Officer, Designation, Emp. Code-____ of this office, may please be provided with necessary treatment facilities on Cashless/Credit facility for Medical treatment/tests/investigations in accordance with the status of the Government Servant. The particulars of Name of the Officer are given below:

- | | | |
|--------------------------|---|----------------|
| 1. Pay drawn in pay band | : | Rs...../- p.m. |
| 2. CGHS Card No. | : | |
| 3. Entitlement | : |ward |
| 4. Disease | : | |
| 5. Referred to | : | |

After completion of the treatment the bill may be submitted to this office for releasing payment as per CGHS rates.

This permission letter is valid for month w.e.f. __/__/__ i.e from the date of application.

Yours faithfully,

(Name of the Section Officer/Authorised Official)
Section Officer/Authorised Official

Copy for information and necessary action to:

1. Name of the Officer, Designation (After completion of the treatment the relevant papers for releasing the eligible/admissible amount to the Hospital, he may sign the papers so that amount can be released to the Hospital directly by this office).
2. Office Order.
3. Personal file No.....