



## केन्द्रीय विद्यालय संगठन

### KENDRIYA VIDYALAYA SANGATHAN

क्षेत्रीय कार्यालय हैदराबाद / Regional Office – Hyderabad

पिकेट सिकन्दराबाद / PICKET, SECUNDERABAD- 500 009

TEL. NOS.: 040-27845649 [AC] 27847249 [AO] 27897571 [EO] 27895550

E-mail: [achyderabad@yahoo.com](mailto:achyderabad@yahoo.com). Website: [www.kvsrohyd.gov.in](http://www.kvsrohyd.gov.in)

#### PERMISSION LETTER

CGHS DISPENSARY NO. \_\_\_\_\_

REF. NO. \_\_\_\_\_

Dated: \_\_\_\_\_

#### **FOR ADMISSION/REFERENCE/INVESTIGATION** VALID FOR ONE MONTH

The Medical Superintendent,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **PARTICULARS OF THE PATIENT**

1	Name of the Patient	
2	Sex	
3	Age	
4	Name of the Govt. Servant	
5	Designation	
6	Place of Duty	
7	Relationship with the employee	
8	Nature of illness/investigation	
9	Investigation/Consultation/Admission/Indoor treatment	
10	Referred by Doctor/CGHS Dispensary	
11	CGHS Identity Card No.	
12	Emoluments	
13	Residential address and phone number	

**THE BILL AMOUNT MAY PLEASE BE COLLECTED FROM THE PATIENT.** The employee being beneficiary of CGHS, the Department shall-reimburse the bill amount to the employee at the rates approved by CGHS.

Signature of the Govt. Servant

Signature of the Issuing Authority