

C.G.H.S., ALLAHABAD
PROFORMA FOR REFERENCE TO OUT SIDE CITY

1.	Name of the Govt. Servant	:-	
2.	Name of the patient and his/her relationship with government servant	:-	
3.	CGHS Card No. and BenId	:-	
4.	Pay in payband	:-	
5.	Entitlement	:-	
6.	Name of the office where employed	:-	
7.	Name of Specialist who referred to case to the Specialist Hospital	:-	
8.	Name of the Disease/Investigation required.	:-	
9.	Hospital to which referred	:-	
10.	Whether there is any recognised hospital in the city or within the State for treatment of this disease/ investigation	:-	
11.	<p>If the case is to be referred to Hospital outside the Town/State, the certificate of this should be obtained stating that the case is referred to _____ Hospital for treatment of Shri./Smt./Km. _____ Who is suffering from _____ (Name of disease/Investigation), and is the only Hospital nearest to the city which has got facilities for investigation/treatment of the particular ailment/disease.</p>		
12.	<p>Certified that the facilities for the treatment/Investigation for which Shri./Smt./Km. _____ is referred to _____ (Hospital situated at _____), do not exist in CGHS/Govt. Hospital/Recognised Hospital from the city which has got the facilities of investigation/treatment of this ailment/disease.</p>		

C. M. O. I/C
(Signature and Stamp)

Note: - One reference is valid for one time only. The patient is advised to re-consult the local Specialist who has referred the case out of city for further advice.