

Authority For Medical Facility Under CGHS

Name of the office issuing authority

No. _____

Date: _____

Subject : Authority for medical facilities under CGHS for central govt. servant serving in Allahabad and members of their families when visiting/staying at CGHS covered city _____

(THIS WILL BE VALID FOR A PERIOD NOT EXCEEDING SIX MONTHS FROM THE DATE OF ISSUE)

Sri/ Smt./Km. _____ an employee of _____
has been issued CGHS card No. _____ CGHS Allahabad.

The under mentioned entitled members of his/her family are expected to stay at _____
for a period of _____ from _____ to _____ please
afford medical facilities. Details are below

S.No	Name of the family members including Govt Servant if accompanying	Date of birth	Relationship with Govt. servant.

Name and designation of Issuing authority.

To,

1. The Additional Director/Joint Director,CGHS _____
2. The CMO I/C,CGHS Disp. No _____
3. Sri/Smt/Km _____
4. Additional Director CGHS Allahabad.