



**JAWAHARLAL NEHRU UNIVERSITY  
NEW DELHI-110067**

**APPLICATION FOR SEEKING PERMISSION FOR MEDICAL TEST  
/INVESTIGATION/TREATMENT IN CGHS APPROVED CENTRES**

1. Name of the employee :
2. Designation and Deptt. :
3. CGHS/JNU Card No. :
4. Name of the patient & relationship :
5. Name/designation of the govt. hospital specialist recommending the tests/investigations/treatment :
6. Hospital OPD Registration No. :
7. Name(s) of the tests/investigations Required :
8. Name of the CGHS recognized Centre where the tests/investigation/ treatment are desired :

Encl: 1. Copy of CGHS/JNU Card  
2. Copy of medical prescription

Date:

Signature:

**FOR USE IN SC/ST/OBC Cell**

The centre as mentioned at SI. No.8 above is CGHS recognized Hospital/Centre. The case has been examined and found in order. Permission of Competent Authority is sought for getting the tests/investigations/treatment procedure done at the said centre as per CGHS/CS(MA)/JNU Rates/Rules.

Dealing Hand

Section Officer

Dy. Registrar

Registrar

No.

Dated:

Copy to the Individual Concerned