



**CENTRAL RESEARCH INSTITUTE FOR DRYLAND AGRICULTURE
SANTOSH NAGAR, HYDERABAD - 500 059.**

**REQUISITION FOR GRANT OF PERMISSION FOR AVAILING IN-PATIENT
TREATMENT ON CREDIT BASIS AT REFERRAL HOSPITALS**

1.	Name in Block Letters	:	
2.	Designation	:	
3.	Basic Pay	:	
4.	Name of the Hospital in which the patient is admitted and date of admission	:	
5.	Total amount of the estimation given by the Hospital authority	:	
6.	Whether the estimation letter issued by the Hospital authority is enclosed	:	
7.	Name of the patient to whom the treatment is required	:	
8.	Relationship & Age of the patient	:	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

1. I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom the Referral Letter is requested is wholly dependent upon me.
2. It is certified that the person for whom the Medical Treatment is obtained is not in receipt of any Income from any sources. Further, my parents to whom the treatment is obtained are wholly dependent on me. And their Income from all sources including Pension, Pension equivalent of DCRG benefit & Exclusive of the relief on pension sanctioned is less than Rs. 1500/- per month
3. Further I hereby submit an undertaking to the effect that charges which are not covered by the Medical Attendance Rules and CGHS may please be recovered from my future salary bills.

Date

*Signature of the Government Servant
and Office to which attached*