



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

**REQUISITION FOR GRANT OF PERMISSION FOR OBTAINING OPD TREATMENT  
AT REFERRAL HOSPITALS**

1.	Name in Block Letters	:	
2.	Designation	:	
3.	Basic Pay & Grade Pay	:	
4.	Name of the Hospital to which Referral Letter is required	:	
5.	Name of the Patient to whom the letter is required	:	
6.	Relationship & Age of the patient and Date of Birth as per service record	:	
7.	Whether the case has been referred by the Medical Officer	:	Yes / No
8.	If Yes enclose the letter issued by the Medical Officer	:	Enclosed

**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. 3500/- per month.

Date.....

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