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| **Ashok Stambh Logo Png (531x876), Png Download** | **AUDIT OFFICE OF THE ACCOUNTANT GENERAL (AUDIT)****AP, VIJAYAWADA- 520002** |

PERMISSION LETTER

No. AG(AUDIT)/BILLS IV /MEDICAL/2021-22 Date :

On Payment as per Rates approved by CGHS

 To,

The Medical Superintendent,

FOR INVESTIGATION/ADMISSION/CONSULTATION

|  |  |
| --- | --- |
| 1. Name of Patient
 | : |
| 1. Name of Govt. Servant
 | : |
| 1. Relationship with Govt. Servant
 | : |
| 1. Nature of the Disease and Diagnosis
 | : |
| 1. Investigations/Admissions/

Consultations | : |
| 1. Referred by Doctor
 | : |
| 1. CGHS Card No.
 | : |
| 1. Basic Pay
 | : ₹ |
| 1. Entitlement
 |  General Ward : Semi Private Ward : Private Ward : |
| 1. Residential Address
 | : |

THE BILL AMOUNT MAY PLEASE BE COLLECTED FROM PATIENT

NOTE : Reimbursement will be made as per raters approved by CGHS.

Signature of the Govt. Servant

Duly attested by Signature of the Issuing authority

SAO (Bills) Sr. Deputy Accountant General (Admn.)