

TEMPORARY PERMIT (CGHS)

No.

Date:

Authority for medical facilities under the CGHS for Pensioners.

This will be valid for a period not exceeding six months from the date of issue.

Shri/Smt. _____

Is a pensioner and has been issued CGHS Identify Card No. _____

He/she and the under mentioned entitled members of his/her family are expected to stay in _____ for a period of _____ months
_____ days from _____ to _____

Name	Age	Relationship
1.		
2.		
3.		
4.		

Signature/Name & Designation
Of the issuing authority

Signature of the
Chief Medical Officer/
Medical Officer – I/C
CGHS Dispensary concerned

Signature of the
Chief Medical Officer I/C
of the CGHS Dispensary
to which transferred