

**UNDERTAKING / WILLINGNESS CERTIFICATE BY THE CG PERSONNEL  
FOR OBTAINING A LOAN FROM CGBA FOR SPECIALISED MEDICAL  
TREATMENT IN CIVIL HOSPITAL**

1. I / my Husband / Wife / Father / Mother / Son / Daughter .....  
(Name of the patient)

am / is willing to undergo investigation / procedure / operation :-

.....  
2. I, hereby undertake to refund the amount disallowed by the CDA(N), CG Section from the re-imburement claim made by me, to repay the complete amount obtained as Ty loan from CGBA for the treatment and that the risks / benefits involved have been fully explained to me in the language that I understand.

Signature.....  
Name.....  
Rank ..... No.....  
Unit / Ship .....

**CERTIFICATE**

1. Name..... Rank ..... No.....

Will be fully responsible for the following :-

- (a) For refund of loan.
- (b) For procuring the final bills of treatment /investigation from Civil / Service hospital.
- (c) For routing the bills through the same service hospital after my operation / procedure/ investigation and treatment.
- (d) For preparation & signing the contingent bill before discharge.
- (e) For repayment of the amount disallowed by CDA(N), CG Section, Mumbai –400 039.

Date : .....

Signature .....  
Name .....  
Rank .....No.....

**COUNTERSIGNED**

Office Stamp

Military / Service Hospital

Date .....

CO MILITARY / SERVICE HOSPITAL