

DEPARTMENT OF MEDICINE /
SERVICE / MILITARY HOSPITAL.....

**REQUEST FOR SPECIAL INVESTIGATION / PROCEDURE / OPERATION
AT CIVIL HOSPITAL**

1. It is certified that NameRank.....No.....
Unit/Ship.....At..... Suffering from(disease) advised to
undergoinvestigation / procedure / operation in
(hospital) at(Station)
2. It is also certified that :-
 - (a) Facilities are not available at this hospital or any Govt/Civil/Hospital at
 - (b) That the charges at this hospital are minimum as compared to other hospitals where
such investigation can be carried out.
 - (c) The charges are fair.
 - (d) Brief clinical history of the case with investigations is attached.
 - (e) The cost of the investigation is Rs.....
 - (f) Priority of investigations : ROUTINE / URGENT.

Date.....

Signature of HOD/Specialist/ Senior Advisor

II

REMARKS OF THE COMMANDING OFFICER

1. Approved. Sanction of Coast Guard Headquarters, New Delhi be obtained by
SIGNAL/LETTER.
2. Demand Draft for Rs..... (Rupeesonly) in favour
of.....payable at.....may be
forwarded.

Signature of Commanding Officer

Rubber Stamp of Service / Military Hospital
Date :