

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

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

1. It is certified that Name .....Rank.....No.....  
Unit/Ship.....At..... Suffering from .....(disease) advised to  
undergo .....investigation / 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

**||**

**REMARKS OF THE COMMANDING OFFICER**

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

Signature of Commanding Officer

Rubber Stamp of Service / Military Hospital

Date : .....