

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

The Director,  
Central Government Health Scheme (CGHS)  
[Office Address]  
[City, State, Zip Code]

Subject: Request for CGHS Treatment Approval

Dear Sir/Madam,

I am writing to request approval for treatment under the Central Government Health Scheme. My details are as follows:

- CGHS Card Number: [Your CGHS Card Number]
- Name: [Your Full Name]
- Age: [Your Age]
- Address: [Your Full Address]

I have been diagnosed with [brief description of the medical condition] and my treating physician, Dr. [Doctor's Name], has recommended [specific treatment or procedure]. The details of the treatment are as follows:

- Treatment/Procedure: [Name of Treatment/Procedure]
- Required Date: [Proposed Date of Treatment]
- Hospital/Clinic: [Name of the Hospital/Clinic]

I have attached the necessary medical reports and documents to support my request. I kindly request you to process my application at your earliest convenience to enable me to proceed with the treatment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]