



**JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI-110067**

**APPLICATION FOR SEEKING PRIOR PERMISSION FOR PURCHASE OF
HEARING AID.**

1. Name of the employee :
2. Designation and Deptt. :
3. CGHS/Medical ID Card No. :
4. Name of the patient & relationship :
5. Name/designation of the Govt. :
Hospital specialist recommending
the Hearing Aid.
6. Prescription from Govt. ENT Specialist :
7. Type of Hearing Aid required. :
8. Undertaking :

Encl: 1. Copy of CGHS/Medical ID Card
2. Copy of medical prescription.
3. Copy of Audiometry Report/Audiogram,
countersigned and stamp of Govt. ENT specilaist (In original).

Dated:

Signature:

FOR USE IN SC/ST/OBC Cell

The case has been examined and found in order in terms of CGHS OM No. S.14025/10/2002/MS dated 26.05.2015. Permission/grant of Competent Authority is sought for purchase of Body worn / Pocket Type / Analogue BTE / Digital BTE/ Digital ITC/CIC hearing Aid for one / both ear in favour of above said employee/dependent family member as per exisiting rules, please.

Dealing Hand

Section Officer

Dy. Registrar

Registrar

No.

Dated:

Copy to the individual (Applicant).

UNDERTAKING FOR HEARING AID

1. I hereby undertake that I have / have not been reimbursed the cost of any hearing aid for self / dependent family members from any Govt Department/ Hospitals/CGHS/JNU in the past five years.

2. If any hearing aid was ever reimbursement from Govt Department/Hospitals/CGHS/JNU, the details is to be furnished (with date and year):

3. Condemnation certificate duly signed with stamped by treating Govt. ENT specialist is attached.
YES / NO

Signature of Card Holder _____

Name of Card Holder _____

Name of the Patient & Relation _____

CGHS/Medical Card No. _____

Residential Address _____

Contact No. _____