

## ANNEXURE V

APPLICATION FOR PERMISSION FOR ANNUAL HEALTH CHECKUP FOR  
GP 'A' OFFICER

1	Name & Designation	
2	ID No	A-
3	Date of Birth	
4	Full Office Address (Dte/Section/Branch)	
5	Pay in Pay Band AND Grade Pay	
6	Contact No Office	
7	Mobile No (for receiving SMS)	
8	Diagnostic Centre/Hospital ( <b>recognized under CGHS</b> ) from which desires to undergo annual health check up	

(Signature of the applicant)

Date :