GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH &FAMILY WELFARE
DISTRICT CMAAY REFERRAL BOARD

Recommendation for referral to CMC Vellore

Ref. No:…….. Date……

Sl. No.	PARTICULARS	INFORMATION (All columns are mandatory)			
1.	Name of District:				
2.	Name of the patient:				
3.	Age:		Gender:	Male ☐ Female ☐ Others ☐	
4.	Mobile No.		Aadhaar No.		
5.	URN No.				
6.	Relationship with Head of Family (HOF)				
7.	Address:				
8.	Referred speciality:				
9.	Case History:				
10.	Provisional Diagnosis:				
11.	CMC Vellore Hospital ID (if already registered)				
12.	Approved amount:				
13.	Reason for referral(Please mark 'v' whichever is applicable:				

(i) Doctor/Expertise: ☐ (ii) Equipment/Other : ☐

Please specify for 'v' marked above:

……

……

We certify that the above-named patient, to the best of our medical judgment require referral to higher centre for the reason(s) mentioned above. We have read the guidelines for empanelment of Christian Medical College (CMC) Vellore, Tamil Nadu for availing benefits under Chief Minister Arogya Arunachal Yojana (CMAAY) and list of procedures approved by TRIHMS Naharlagun. We understand that MSP/PMU can contact us to confirm.

Name of the referring doctor:			
Designation:			
Mobile Number:		**Date of referral:**	
Name of the Chairman of District CMAAY Referral Board (DCRB) with designation			
Signature of the Chairman of District CMAAY Referral Board (DCRB) with Seal:			

Note:

1. If the patient goes directly to CMC Vellore without referral letter from PMU, CMAA Society, this will be repudiated / rejected.
2. This letter will be valid only when it is signed & stamped by Chairman of the District Referral CMAAY Referral Board and issue of formal referral letter from Program Management Unit (PMU) of CMAA Society.