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

Recommendation for referral to Tata Memorial hospital & Research Center

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.	TMC Hospital ID (if already registered)				
12.	Approved amount:				
13.	Reason for referral(Please mark 'V' whichever is applicable:				

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 Tata Memorial hospital & Research Center Mumbai Suburban, 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 & designation of the Chairman of District CMAAY Referral Board (DCRB) :

Signature of the Chairman of District CMAAY Referral Board (DCRB) with Seal

Signature of the patient/representative

Name & Relationship with contact no.(if signed by representative)

Note :

1. If the patient goes directly to Tata Memorial hospital & Research Center 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.which will be mandatory to avail treatmed Tata Memorial hospital & Research Center under the CMAAY scheme.