



नैनो विज्ञान एवं प्रौद्योगिकी संस्थान

(विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार का एक स्वायत्त संस्थान)

Institute of Nano Science and Technology

(An Autonomous Institute of Department of Science and Technology, Govt. of India)

Form No.28

Date: _____

REQUEST FOR ISSUE OF AUTHORIZATION LETTER FOR IPD TREATMENT

| | | |
|---|---|--------------------------|
| 1 | Name of Employee | |
| 2 | Designation | |
| 3 | Medical Card No. | |
| 4 | Pay Level | |
| 5 | Details of Patient | |
| | (a) Name | |
| | (b) Age | |
| | (c) Relation | |
| | (d) Whether dependent | Yes / No |
| 6 | Name & Address of Hospital | |
| 7 | Details of treatment required | |
| 8 | Whether prescription / advice for IPD attached. | Yes (Copy attached) / No |
| 9 | Date of Admission | |

Place: _____

Date: _____

Signature

FOR OFFICE USE ONLY

Details verified

CFAO

Authorization letter issued on _____

FO

Approved / Not approved

Director