



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.29

To

The Medical Superintendent

Subject: Authorization Letter for IPD treatment – regarding.

Reference: Hospital prescription / Advice dated _____

Sir,

With reference to the prescription / advice from your hospital dated _____,
_____ (Name of patient), Age _____, _____ (relation
with employee) of _____ (name of employee) requires
_____ (treatment), as IPD treatment from your hospital.

You are requested to provide all requisite medical treatment to _____ as per the terms & conditions contained in MoU, on cashless basis for CGHS approved packages / procedures / treatment and raise the bill within 10 days of discharge of patient. Any charges towards non-CGHS treatment / packages etc. and over & above CGHS rates will be paid by the employee himself/herself directly to the hospital.

The details of the employee are as under:

Name & Designation : _____

Pay : Pay Level - _____ Basic Pay: Rs. _____

Date: _____

CFAO