SAHA INSTITUTE OF NUCLEAR PHYSICS

1/AF, Bidhannagar, Kolkata – 700 064
Phone: (033) 2337 5345-49 Fax:091-33-2337 4637
MEDICAL UNIT (Extn. 1446)

No.: **Date :**

LETTER OF AUTHORIZATION

NAME OF THE CONTACT PERSON

Attn :

To

NAME OF THE HOSPITAL / NURSING HOME & ADDRESS

	Entitlement Ward		
	GEN	SEMI-PVT.	PVT.

Upper limit: Rs. ---------- (in words) ----------
(to be filled by the Accounts Section)

Dear Sir/Madam,

Please admit and provide treatment/ hospital facility under **CGHS (Kolkata) Rate** to Prof./Dr./Mr./Mrs./Ms. :

NAME	MID NO. / PID	DATE OF BIRTH	AGE

self/wife/husband/son/daughter/father/mother/sister/brother of :

NAME	DESIGNATION	DIVISION

The necessary bills strictly as per CGHS (Kolkata) rate, may be forwarded to the Registrar, Saha Institute of Nuclear Physics, Kolkata for payment. The non-admissible amounts (non-medial items etc.) which are **not covered under CGHS (Kolkata) rates** and **the amount exceeding the upper limit** as mentioned above, (except treatment exclusively for cancer etc.) **would be paid by the patient or patient party directly** to the Hospital/Nursing Home at the time of discharge or release.

Thanking you,

Yours sincerely,

_____
Signature & Seal

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This authorization letter needs to be signed by the Director or the Registrar of the Institute or the Chairman/ Chairperson of the Medical Advisory Committee, Saha Institute of Nuclear Physics, Kolkata

Declaration by the patient / patient party

The non-admissible amounts (non-medical items etc.) which are not covered under CGHS (Kolkata) rate and exceeding the upper limit as mentioned above (except treatment exclusively for cancer etc.) would be paid directly to the Hospital/ Nursing Home by me at the time of discharge or release.

Signature of the patient / patient party

For Office use
(To be filled in by the Hospital Authority)

Date of Admission : _____
Date of Discharge : _____

_____
Signature & Seal of the Hospital Authority