

AUTHORIZATION SLIP
(FOR PTCUL EMPLOYEES/PENSIONERS AND DEPENDENTS/FAMILY PENSIONERS)

Name & Age of Patient.....

Name & Age of employee/pensioners/family pensioners.....

.....

On whom depends.....

Designation.....

Place of posting.....

Basic Pay/Grade Pay.....

Relationship with employee.....

Entitlement of the Employee (Ward/Room):- (Please Tick any one)

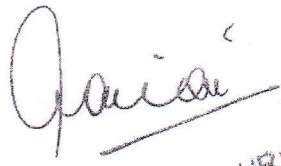
General/Economy/Twin sharing/Single Room/Single AC Room/Deluxe Room/Suite.

ATTACH

- 1- Age Certificate
- 2- Declaration of Dependency by Controlling Officer

Shri/Smt..... S/o,D/o,W/o.....is authorized for credit facility for treatment (only for IPD patient) MeDanta The Medicity, Sector-58, Gurgaon, Haryana.

DATE OF ISSUE.....


Director - HR
PTCUL

Signature of Controlling/ Authorized Officer
with Seal & Name

Attested
Photograph by
Controlling/
Authorized
Officer