

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)

Economy Ward (13 Bedded) / Economy Room/Double/Single /Classic Deluxe /Suite.

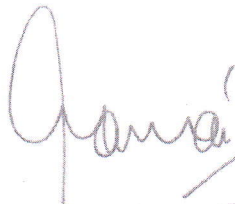
ATTACH

- 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) Max Super specialty Hospital, Near Indian Oil Petrol pump, Malsi Mussoorie Diversion Road, Dehradun, Uttarakhand.

DATE OF ISSUE.....

Signature of Controlling/
Concerned Officer with Seal & Name


Director - HR
PTCUL

Attested
Photograph by
Controlling/
Concerned
Officer