

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

Name & Age of Patient.....

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

On whom dependents.....

Designation.....

Place of posting.....

Basic Pay/Grade Pay.....

Relationship with employee.....

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

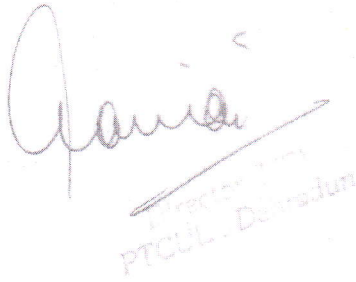
General/Economy/Twin sharing/Single Room/Single AC Room/Deluxe Room/Suite.

**ATTACH**

- 3- Age Certificate
- 4- 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) SYNERGY INSTITUTE OF MEDICAL SCIENCES, Ballupur Canal Road, Dehradun, Uttarakhand.

DATE OF ISSUE.....

  
Director  
PTCUL, Dehradun

Signature of Controlling/  
Concerned Officer with Seal & Name