

No.

Dated:\_\_\_\_/\_\_\_\_/2017

**Subject:- INTIMATION / PERMISSION LETTER FOR ADMISSION/TREATMENT ON CREDIT BASIS AT APPROVED HOSPITAL UNDER MoU.**

Dear Sir/Madam,

Shri/Smt./Mr./Ms. \_\_\_\_\_ Age \_\_\_\_\_

Male/Female (Self/Beneficiary/Retired Employee) has been admitted on \_\_\_\_\_ at \_\_\_\_\_ A.M/P.M in our Hospital in Emergency condition / is to be admitted on \_\_\_\_\_ after referred by the C.M.O, Health Centre of your University with problems as per details given below:

1	Name of the Employee/EID No.	
2	Designation	
3	Department/Centre/School	
4	Ward Entitlement/Basic Pay	
5	Card Category : a. CGHS Card No. b. Retired Emp. Med. I.D. Card No. c. Uncovered Area Certificate No.	
6	Name of the Patient	
7	Relationship with Employee / Retired Employee	
8	Patient's Card No.	
9	Referred by CMO, CGHS-Dispensary/ JNU-Health Centre/ OR Emergency Case	
10	Provisional Diagnosis	
11	Intended Treatment/Procedure with duration (approx.)	

Signature  
(Employee/dependent) Mobile No.

Name & Signature of Treating Doctor /  
Medical Superintendent with Seal

**SPACE FOR USE BY OFFICE (JNU)**

Shri/Smt./Ms \_\_\_\_\_ is permitted to undergo the above mentioned procedure/treatment/investigation(s) at your Hospital. Necessary facilities, as approved under package rates/approved rates & as per the guidelines of CGHS/MoU and rules applicable at the time of treatment may be provided to the patient.

Authorised Signatory with Seal  
Jawaharlal Nehru University

To,  
The Medical Superintendent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_