

SATLUJ JAL VIDYUT NIGAM LTD.

ADMISSION SLIP

Dated

The Medical Superintendent,

Sub:- Indoor Medical Treatment.

Dear Sir,

We may shall be grateful if you may kindly admit Mr./Mrs..... a bonafide employee of our Corporation/employee's dependant, for indoor treatment in your hospital. Particulars of the employee vis-à-vis accommodation entitlement are as under:

Name of the employee.	:
Employee No.	:
Designation/Department.	:
Location	:
Basic Pay.	:
Accommodation entitlement	:
Name of the Patient	:
Relationship with employee	:

The bill may be drawn on M/s. SJVN Limited for payment at the following address who will arrange the payment to the hospital.

Shri.....
Incharge of (F&A), SJVN Ltd.
Himfed Building, New Shimla-9.

Yours faithfully,
(
Authorized Signatory.

Certified that the above particulars are correct.

(Signature of the employee)

Due to non-availability of accommodation of the entitled type/I wish to avail of accommodation of a higher type, I hereby avail the higher type of accommodation and I know that I would be getting reimbursement of charges for accommodation as well as treatment/diagnostic charges etc. of my entitled type accommodation only. The Corporation has every right to deduct excess amount from my salary.

(Signature of employee)

- Copy to: 1. Establishment (P&A) and (F&A).
2. Establishment (F&A), Shimla – to release the payment on receipt of the bills.
3. Employee Concerned.
4. Hospital Authority (Original + 1 copy)