



Appendix-I

ADMISSION SLIP

Ref. No.

Dated.....

The Medical Superintendent,

Sub:- Indoor Medical Treatment.

Dear Sir,

We 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.
Shakti Sadan, Shanan, Shimla-6.

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 (HR).
 2. F&A, CHQ, Shimla – to release the payment on receipt of the bills.
 3. Employee Concerned.
 4. Hospital Authority (Original + 1 copy)