



Appendix-I(a)

ADMISSION SLIP

Ref. No.4.....

Dated.....

The Medical Superintendent,

Sub:- Indoor Medical Treatment.

Dear Sir,

We shall be grateful if you may kindly admit Mr./Mrs..... a retired employee of our Corporation/other beneficiary under " SJVN Post Retirement Medical Scheme", 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 as per the employee entitlement may be drawn on M/s. SJVN Limited for payment at the following address who will arrange the entitled payment to the hospital.

Shri.....

Incharge of (F&A), SJVN Ltd.

Shakti Sadan, Shanan, Shimla-6.

Certified that the above particulars are correct.

Yours faithfully,
(Authorized Signatory)

(Signature of the employee)

Declaration by the Retired Employee/Beneficiary of Retired/Deceased 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 my entitled type accommodation only, and only of those treatments/diagnostic charges etc. as are admissible under SJVN Medical Attendance Rules as per the terms agreed with the Hospital Authorities. Any payment above entitlement shall be paid by me before discharge from the hospital and SJVN Ltd. shall not be liable to pay any charges beyond my entitlement. Telephone/diet charges if any will be paid by me directly to the Hospital.

(Signature of Retired Employee/Beneficiary of the Retired 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)

(CPC No. 350/2013 dated 14.01.2013)