

NHPC LIMITED
(A GOVERNMENT OF INDIA ENTERPRISE)
NHPC OFFICE COMPLEX Sector-33, Faridabad, Haryana-121 003.

Application form for issue of authority letter to Retired Employee/his/her Spouse and Spouse/Children of deceased employee for admission under Direct Payment Scheme

1.	Name of the Ex-employee designation and grade in NHPC at the time of Retirement / VRS / Death	
2.	Employee Number	
3.	Last place of posting	
4.	Name of patient	
5.	Age of patient	
6.	Relationship with Ex- employee	
7.	Medical Identity Card No. with date of issue (Copy to be enclosed)	
8.	Name of the Doctor & Reference (Enclosed Original prescription)	
9.	Name of Hospital where admission required	

i) Certified that the above mentioned Ex-employee or his/her spouse/ spouse and children of deceased employee are not getting any medical facility from any source other than NHPC.

ii) that the above mentioned ex-employee or his/her spouse/ spouse and children of deceased employee anywhere nor availing any medical facility,

iii) that all the dues of the Company have been cleared and nothing is outstanding

(Signature of the Applicant)

(FOR OFFICE USE)

1. Verified that, Shri/Smt. _____ is an ex-employee or his/her spouse/ spouse and children of deceased employee Shri/Smt. _____

Employee No. _____ as per records his/ her Medical Identity Card No. _____

issued on _____.

2. Head of Medical Department may please give his recommendation.

I/C REHS

(RECOMMENDATION OF HEAD OF MEDICAL DEPARTMENT/OFFICE/PROJECT/UNIT)

Authority letter for admission of Shri / Smt. _____ in _____
Hospital may be issued.

G.M.(Medical Services)/Incharge Medical Services/Authorised Signatories