

New Age ERP in NHPC

End User Training Document

Authorization Letter

Document Control Information

Document Information

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Document Name	End User Training Document – Authorization Letter
Project Name	NEW AGE ERP in NHPC
Client	NHPC
Document Author	Tanu Jain
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Applicable Business Roles

Business Role ID	Business Role Description
ESS	This role will be assigned to eligible employees and enable them to raise authorization letter.

Document History

Revision History			
Date	Document version	Document description	revision
19.02.2026	V0.1	Draft	Tanu Jain
18.08.2026	V0.2	Peer reviewed	Puja Sharma

Reviewed and approved by			
Name	Date	Title	Approved

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1. Document Overview

This training document provides step by step instructions to raise Authorization letter.

Process Name: Authorization Letter

Prerequisites:

- **REHS Card** – The REHS card must be active. The system will allow issuance of an authorization letter only for self / dependents listed on the REHS card.
- **Empanelled Hospital** – Only empanelled hospitals will be available for selection in the Authorization Application.

2. Process Description

Employees should request for Authorization letter to avail indoor treatment to admit on direct payment scheme.

3. Step by step process to raise Authorization letter

Step 1. Enter employee id and password. Click on Continue button to login.



Sign In

Email

Password

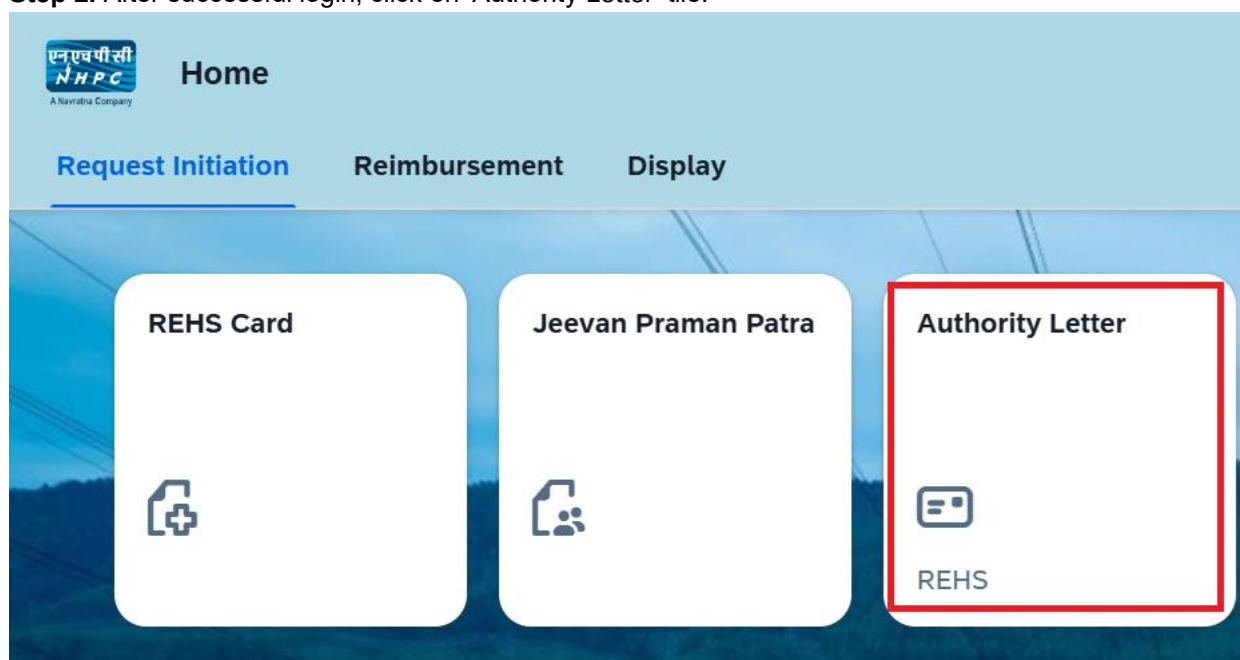


☐ Keep me signed in

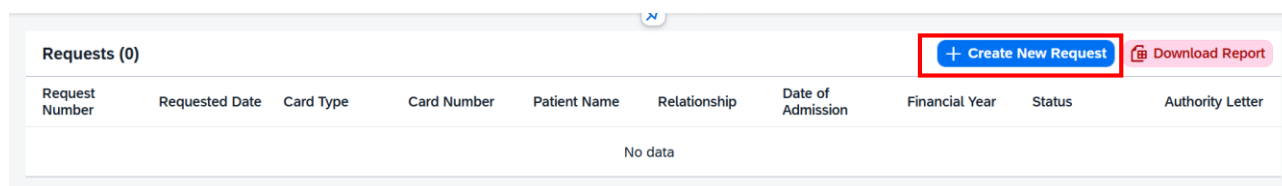
[Forgot password?](#)

Continue

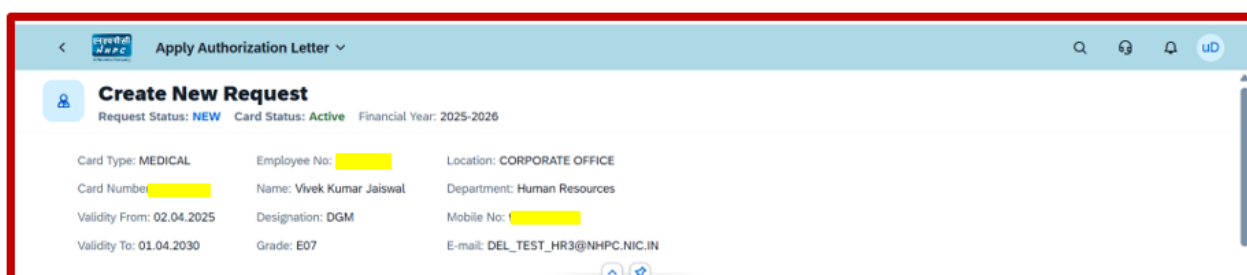
Step 2. After successful login, click on 'Authority Letter' tile.



Step 3. Click on 'Create New Request' to raise an authorization letter request.



Step 4. Card and Employee Information will appear in header section automatically.



Step 4. Employee should fill 'Hospital Details' section. They should choose State, City and Hospital Name from the available dropdown.

Hospital Details

State:		Other Panel (CGHS):	
City:		Phone Number:	
Hospital Name:		Mobile Number:	
Issuing Location:		IT Exemption Validity Date:	
Hospital Address:		Accommodation Category:	
Email ID:		Entitled Category for Admission:	
Panel From Date:			
Panel To Date:			

Step 5. Based on Hospital name, all related details will appear automatically.

Hospital Details

State:	Assam	Other Panel (CGHS):	No
City:	Guwahati	Phone Number:	
Hospital Name:	Hayat Hospital (A Unit of Hayat Hospital Pvt. Ltd.)	Mobile Number:	
Issuing Location:	SUBANSIRI LOWER PROJECT	IT Exemption Validity Date:	19.03.2027
Hospital Address:	Lalganesh Guwahati	Accommodation Category:	Room
Email ID:		Entitled Category for Admission:	CABIN AC
Panel From Date:	15.02.2025		
Panel To Date:	19.03.2027		

Step 6. User should fill 'Dependent Details' section.

Dependent Details

Dependant: *		Required Validity of Authority Letter for Admission (Days): *	
Relation:		Doctor's Name: *	
Age:		Disease Detail: *	
Gender:		Treatment Detail: *	
Date of Admission: *			

Step 7. List of Dependents will be appear in the dropdown based on REHS Card.

Dependant: * KT... Gender: Date of Admission: * e.g. 31.12.2026	Required Validity of Authority Letter for Admission (Days): * Doctor's Name: * Disease Detail: * Treatment Detail: *
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Step 8. Based on the selected value, Dependent's relation, age and gender will appear automatically.

Dependant: *

Relation:

DAUGHTER

Age:

8

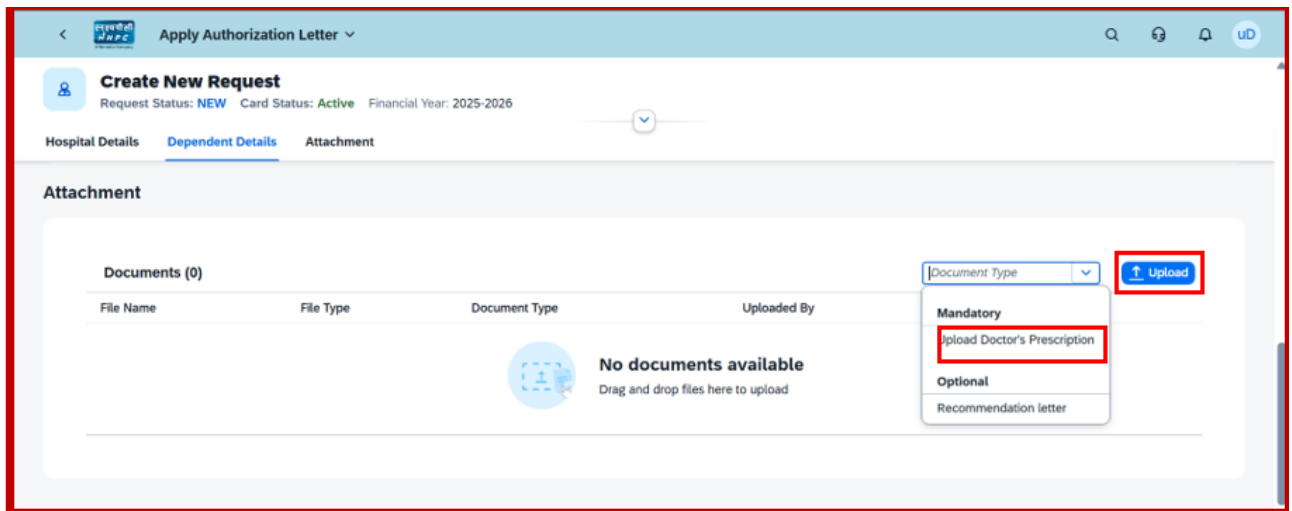
Gender:

Female

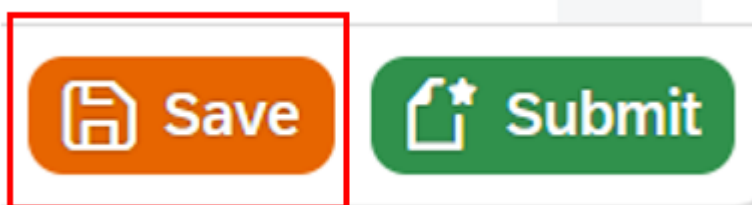
Step 9. All mandatory fields, except system-generated and non-editable fields, must be completed by the employee.

Dependent Details	
Dependant: * KT...	Required Validity of Authority Letter for Admission (Days): *
Relation: DAUGHTER	Doctor's Name: *
Age: 8	Disease Detail: *
Gender: Female	Treatment Detail: *
Date of Admission: * 20.08.2026	

Step 10. Attach Required Documents. Doctor Prescription is a mandatory document for medical team.



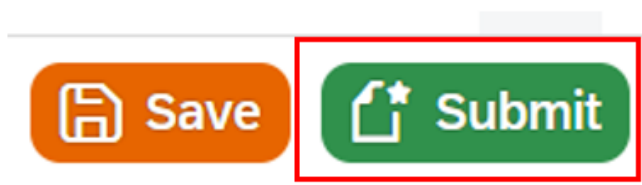
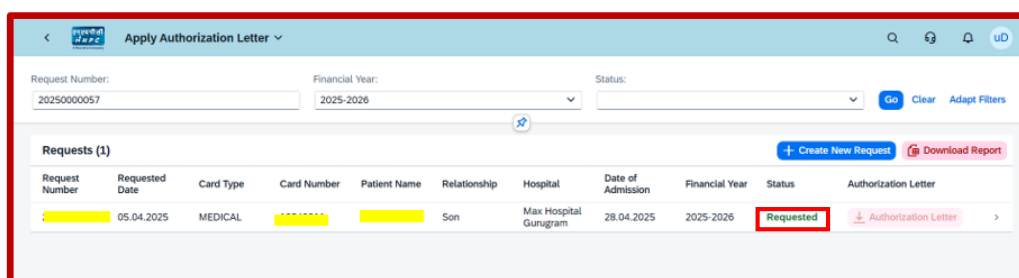
Step 11. Employee can save the request and status will be as Created.



Requests (1) + Create New Request Download Report

Request Number	Requested Date	Card Type	Card Number	Patient Name	Relationship	Date of Admission	Financial Year	Status	Authority Letter
[Redacted]	18.08.2026	MEDICAL	[Redacted]	[Redacted]	DAUGHTER	20.08.2026	2026-2027	Created	Download

Step 12. Once user click on 'Submit' button , their request will be raised with status 'Requested'. Once submitted, user will not be able to change any information.

Request Number	Requested Date	Card Type	Card Number	Patient Name	Relationship	Hospital	Date of Admission	Financial Year	Status	Authorization Letter
20250000057	05.04.2025	MEDICAL	[Redacted]	[Redacted]	Son	Max Hospital Gurugram	28.04.2025	2025-2026	Requested	Download

Upon Submission, the request will be automatically triggered for approval and a letter will be issued after approval.

***** Thank You *****