

ANNEXURE - F

**Bharat Sanchar Nigam Ltd.
(A Govt. of India Enterprise)**

No.
Date:

**AUTHORISATION LETTER FOR TREATMENT IN
HOSPITAL**

This is to certify that Sh./Smt.----- (Name of the patient), Age----- is the Husband/Wife/Son/Daughter/Mother/Father of Sh./Smt.-----, an employee of BSNL. He/She may be admitted in (Hospital's Name) ----- as per his/her room entitlement, i.e. -----.

He/She may be charged as per agreed rates with BSNL.
Bills as per agreed rates may be sent to this office for payment.

(Signature of the Competent Authority)