



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
(An Institute of National Importance under MOE, Govt of India)
Chumukedima, Nagaland - 797 103

FORM-31

Ref. No _____

Date _____

To
The Medical Superintendent
HAYAT HOSPITAL
Kahilipara Road, Udalbakra
Lalganesh, Guwahati-791034

Subject: Letter of Credit for Medical Treatment

Sir/Madam,

This is to certify that Shri/Smt./Ms./Dr _____ (Employee ID: _____), working as _____ with Pay Level/GP of _____ in the Department of _____ at this Institute, is entitled to medical facilities as per the Institute Medical Policy.

Approval is hereby accorded for availing cashless medical treatment for self/dependents as detailed below:

- **Patient Name** : _____
- **Self/Dependents** : _____
- **Relationship with Patient** : _____
- **Disease/Procedure** : _____

You are requested to provide necessary medical treatment to the above-mentioned patient as per CGHS rates and norms and employee eligibility, in accordance with the terms and conditions of the MoU signed with this Institute.

The Institute undertakes to settle the admissible expenses directly with the hospital, subject to submission of final bills, discharge summary, and all relevant supporting documents. Any expenditure not covered under CGHS rules shall be borne by the employee.

This Letter of Credit covers medical expenses up to a maximum amount of **Rs.5 Lakh** only.

(Medical In-charge)

Authorized Signatory

(Signature)

Name: _____

Designation: _____

NIT Nagaland, Chumoukedima