



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

**FORM-32**

Ref. No \_\_\_\_\_

Date \_\_\_\_\_

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

**Subject:** Referral Letter for Medical Treatment

Sir/Madam,

This is to certify that Shri/Smt./Ms \_\_\_\_\_ is an Outsourcing staff  
(ID No: \_\_\_\_\_), working as \_\_\_\_\_ at this  
Institute, is allowed to avail medical facilities from you Hospital on direct payment basis.

- **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 on direct payment basis.

**(Medical In-charge)**

**Authorized Signatory**

(Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NIT Nagaland, Chumoukedima