**File No. DTU/GA/68/2023-24/*XXXX*/ Dated*: DD/MM/YYYY***

To,

***RECIEVER’S ADDRESS (HOSPITAL NAME, ADDRESS , DESIGNATED OFFICER THERE)***

**Sub: Providing Cash-Less Facility to Prof.** {***PROFF NAME}* , Deptt. Of {*DEPT NAME}*, DTU against DGEHS Card No. {** ***XXXXXX}*.**

Sir/Madam,

I am directed to convey the approval of the Competent Authority to provide Cash-Less Facility to Prof. {***PROFF NAME}***, Deptt. Of {***DEPT NAME}***, DTU against DGEHS Card No. {***XXXXXX}***. He is entitled for Private Ward.

The bill may be forwarded to the Registrar, Delhi Technological University, Bawana Road, Delhi-110042 for making payment.

It may be noted that billing may be made at DGEHS rates only.

(Dr. Anil Kumar)

Dy. Registrar (Gen Admin)

Copy to:-

1. PA to Registrar : For kind information of the Registrar of DTU, please
2. CoF, DTU.
3. **Prof.** {***PROFF NAME***,} **Deptt. Of {*DEPT NAME}*** , DTU
4. Guard File