**-1/N-**

**Sub: Issuance of Cash-less facility for availing the treatment in *{HOSPITAL NAME }*.**

1. It is submitted that a request letter has been received form **Prof.{** ***PROFF NAME* , Deptt. Of *DEPT NAME*, DTU}** is placed opposite the file on page No. 1/C regarding cashless facility for hospitalization and his treatment of “Endoscopic Repair”. The treatment will be done in ***{HOSPITAL NAME AND ADDRESS}***.

2. In view of the above, if agreed to, the Competent Authority may be requested to accord the Administrative Approval for issuance of Cash-less facility against DGEHS Medical Card No. {***XXXXXX}*** to **Prof.** {***PROFF NAME }*, Deptt. Of {*DEPT NAME }*,DTU**. Accordingly, a draft letter addressed to the Medical Supritendant of ***{ HOSPITAL NAME AND ADDRESS*** } is placed opposite in file at page 2/C for signature before issuance please.

Expenditure debitable under following Head: -

**Minor Head : 2 (Salary)**

**Sub Head : 2 1 (Pay & Allowances)**

**Exp Head : 2 1 0 3 (Medical Expenses)**

Submitted for approval, Please.

Dealing Assistant (G.A)

Consultant (G.A)

Dy. Registrar (G.A)