

**HINDUSTAN AERONAUTICS LIMITED**

**BANGLORE COMPLEX**

**MEDICAL HEALTH**

null  
null

Date :  
Tel :

To,

Admin verification :  
Employee Name :  
Dept/P.B.No :  
Patient Name :  
Relationship :

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Administrator Signature \_\_\_\_\_

**Note:**

**This letter is valid for null days only.**

Dear Sir,

**Sub:**

is referred for

is a case of

The bill charges (in duplicate ) in respect of above patient may be sent to Manager(HR), HAL Hospital, Bangalore-17 for arranging payments.

Thanking you,

Yours faithfully,  
for HINDUSTAN AERONAUTICS LIMITED(BC)

CHIEF OF MEDICAL SERVICES

Referred by :

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Copy To: You are requested to please obtain necessary approval and communicate to us for referral and  
DGM(HR) - A payment of bills as per rules