

**ANNEXURE - F**

**Bharat Sanchar Nigam Ltd.  
(A Govt. of India Enterprise)  
Corporate Office  
Statesman House, B-148 Barakhamba Road,  
New Delhi - 110 001.**

No.  
Date:

**AUTHORISATION LETTER FOR TREATMENT IN  
HOSPITAL**

This is to certify that Sh./Smt.------(Name of the patient),Age----- is the Husband/Wife/Son/Daughter/Mother/Father of Sh./Smt.-----,an employee of BSNL. He/She may be admitted in (Hospital's Name) -----as per his/her room entitlement, i.e. -----.

He/She may be charged as per agreed rates with BSNL.  
Bills as per agreed rates may be sent to this office for payment.

(Signature of the Competent Authority)