



नेशनल इंस्टीट्यूट ऑफ फाउंड्री एंड फोर्ज टेक्नोलॉजी
हटिया, राँची - 834 003 (झारखण्ड)
National Institute of Foundry and Forge Technology
Hatia, Ranchi – 834 003 (Jharkhand)

FORM-GA/01: REQUISITION FOR MEDICAL CARD

(to be filled in CAPITAL letters only)

Name of Employee : _____

Designation : _____

Pay Level : _____ Basic Pay : _____

Date of Birth : _____ Blood Group : _____

Mobile No. : (1) _____ , (2) _____

Passport size
colour
photograph of
employee

DETAILS OF DEPENDENTS

Sl. No.	Name of the Dependent	Date of Birth	Relation with Employee	Blood Group
1				
2				
3				
4				
5				
6				

COLOUR STAMP SIZE (2.5 cm X 3.0 cm) PHOTOGRAPH OF DEPENDENTS

Dep. No. 1	Dep. No. 2	Dep. No. 3	Dep. No. 4	Dep. No. 5	Dep. No. 6
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Date: _____

Signature of Employee



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FORM-GA/02: APPLICATION FOR IPD TREATMENT

(to be filled in CAPITAL letters only)

PART-A : EMPLOYEE PARTICULARS

Name of Employee : _____

Designation : _____

Pay Level : _____ Basic Pay : _____

Medical Card No. : _____ Validity up to : _____

PART-B : PATIENT PARTICULARS

Name of Patient : _____

Relationship : _____

Identity Card Type : Aadhar/VID/DL/Passport/PAN Identity Card No. : _____

PART-C : MEDICAL PARTICULARS

Brief of Medical Complaint : _____

Name of the Physician advising for IPD Treatment : _____

Name of Proposed Empanelled Hospital : _____

Date: _____

Signature of Employee

----- FOR USE BY REFERRAL ISSUING AUTHORITY -----

Referral Letter issued vide No. : _____ Date of Issue: _____

Name of Empanelled Hospital : _____

Date: _____

Signature of Issuer



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Ref. No. _____

Date _____

To

Subject - Referral Letter Authorizing IPD Treatment on Credit Basis – reg.

Sir,

We hereby authorize your hospital to provide IPD treatment to
_____ (name of patient), Age _____,
_____ (relationship) of _____ (name
of employee), who requires _____
_____ (treatment).

You are requested to provide all requisite medical treatment as per the terms & conditions contained in the MoU/Agreement signed with your hospital, on cashless basis for CGHS approved packages/procedures/treatment and raise the bill within 10 days of discharge of the patient. Any charges towards non-CGHS and/or non-entitled treatment, services, etc. and charges which are over & above CGHS rates will be paid by the employee himself/herself directly to the hospital.

The patient is entitled for **General / Semi-Private / Private** (strike out any two) ward.

Date: _____

Authorised Signatory with Seal