

# THAPAR UNIVERSITY, PATIALA

(Declared under Section 3 of the UGC Act, 1956)

Dated: \_\_\_\_\_

Sub: Claim Intimation, Patient Name: \_\_\_\_\_

Dear Sir,

This is to intimate you that Mr./Ms/Mrs. \_\_\_\_\_ is admitted/going to admit in \_\_\_\_\_ Hospital in \_\_\_\_\_ city on \_\_\_\_\_ date.

My address/Telephone no. is mentioned as below. Please register my claim intimation and do the needful.

Thanking you,

With regards,

SIGNATURE OF THE EMPLOYEE

TU's Employee Name: \_\_\_\_\_

Category  3.00  1.90  0.75

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (R) \_\_\_\_\_ (O) \_\_\_\_\_