

**N.F. Railway**

**DEPARTMENTAL MEMO**

(To be submitted at the time of admission at Railway Hospital)

1. Name of Patient and Age : \_\_\_\_\_
2. Name of Employee with relationship to the Patient : \_\_\_\_\_
3. Designation / Station / Department : \_\_\_\_\_
4. Name of the Office where Working : \_\_\_\_\_
5. Name of Division/HQ : \_\_\_\_\_
6. P.F. Number : \_\_\_\_\_
7. Basic Pay and Scale : \_\_\_\_\_
8. Entitlement of Privilege Pass : \_\_\_\_\_
9. Adm Unit / Bill Unit No. : \_\_\_\_\_
10. Bill Passing Authority : \_\_\_\_\_
11. Bill Preparing Authority. : \_\_\_\_\_
12. Signature of the Employee \_\_\_\_\_

*Signature*  
Name of the Officer/ Supervisor  
Office Seal.