

**V.O.CHIDAMBARANAR PORT TRUST**

**MEDICAL DEPARTMENT**

No.

Dated: .....

To

Sub:- Referring patients / Scanning for Recognised  
Hospitals / Centres - Reg.

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Sir,

I am hereby referring ( I ) Name : .....

( II ) Age : ..... ( III) Sex : ..... ( IV ) Relationship : .....

( V ) Name & Designation / Deptt., of the employee :

( VI ) Employee No. : ..... M.Card No./ E.E.No. / IP No. : .....

(VII) Basic pay of the employee:

A case of .....

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for your expert opinion / admission / review / Scan and further line of Management.

2. The approved and admissible treatment charges will be paid directly by the Port Trust as per the terms and conditions.
3. .... accommodation may be provided.
4. The reference letter is valid for 10 days from the date of issue.
5. Escort / Ambulance allowed.

Yours faithfully,

**CHIEF MEDICAL OFFICER**

**V.O.CHIDAMBARANAR PORT TRUST**

**TUTICORIN - 628 004**