

BY FAX / E-MAIL

**OFFICE OF THE SUPERINTENDENT SCB MEDICAL COLLEGE HOSPITAL:
CUTTACK.**

No. 25759 //Dt. 11.09.17

To

1. The Commissioner-cum-Secretary to Government,
Health & F.W Dept., Odisha or his Nominee - Member
2. The Advocate General Odisha
Or his Nominee - Member
3. Director of Health Service Odisha
Or his Nominee - Member
4. Prof. P. K. Sahu, Prof. of Nephrology
SCB MCH, Cuttack - Member Convenor
5. Prof. & HOD Surgery,
SCB MCH, Cuttack - Member
6. Prof. Sangeeta Rath, Prof., Dept. of Psychology
Ravenshaw University, Cuttack - Member

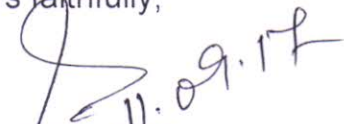
Sub:- Authorisation Committee Meeting to be held on 15.09.2017.

Madam/Sir,

With reference to above, it is to inform you that the Authorisation Committee Meeting is scheduled to be held on **15.09.2017 at 4.00 P.M.** in the office chamber of the undersigned.

You are therefore requested to kindly make it convenient to attend the meeting on the scheduled date and time.

Yours faithfully,



Superintendent
SCB Medical College Hospital, Cuttack

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