

Bombay Hospital Road, India – 400 020.
Tel.No. (D) 22069392 / 22067676 – 55

REGISTRATION / ADMISSION FORM

PLEASE READ THE INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM

Mr/Mrs/ _____ Aastha _____
(TITLE) (SURNAME) (FIRST NAME) (MIDDLE (FATHER'S/HUSBAND'S) NAME)

AGE: 34 SEX: Female MARITALSTATUS: Married OCCUPATION: Bus Driver

RELIGION: Hindu NATIONALITY Indian PASSPORT NO. (Foreigner NP)

Aadhar Card No

ADDRESS

CITY: Nagumbukam STATE: TN PIN MOBILE NO 7899258771

LOCAL PERSON TO BE CONTACTED : Husband

LOCAL TEL. NO: (If any) :

I agree to get myself/my relative admitted under Dr Prerna Singh In class

Corporate Co. (credit/cash) _____

(SIGNATURE OF HON.DOCTOR)

DECLARATION

1. I _____(Patient of Relation) being the _____(relationship with patient) declare that :
2. I have familiarized myself with the scheme for indigent/weaker section patients:
3. I am / I am not, an indigent / weaker section patient and is / is not eligible to avail of the facilities for Indigent / weaker section patients :
4. I have produced at the time of admission the Income certificate issued by the Tehsildar/Ration Card (BPL) Or I will not later than _____(date) produce the same in respect of the patient.
5. The details provided in this admission form are true and complete;
6. Nothing material has been concealed from the Yet Another Hospital & Medical Research Centre.

Date:

Signature of Patient/Relatives