

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

ONLINE REGISTRATION FORM

Reference No.	REGOL-439599	Ref.Date	Jun 20, 2023	Department	Nephrology
Name	Mr Rajeshwar Thakur				
Sex	MALE	Marital Status	Married		
Date of Birth	Jan 1, 1978	Age	45 Yrs	Email	skthakur77659@gmail.com
Religion	Hindu	Occupation	Farmer	Mobile	8294552696

Address(Permanent)	Rural	Address(Correspondence)	Urban
House No	05	House No	
Street/ Village	Vishunpur Saraiya	Street/ Village	
Locality/P.O	Deoria	Locality/P.O	
City/ District	Muzaffarpur	City/ District	
State	Bihar	State	Uttar Pradesh
Pin	843120	Pin	
Phones	8294552696	Phones	
Nearest Rly. Stn.	Muzaffarpur	Nearest Rly. Stn.	

Emergency Contact	Ravi Kumar Thakur	Relationship	Son	Emergency Phone	7562024972
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Ref. Doctor	Dr. Navin Chandra Prasad	Ref. Hospital	Kidney Hospital And Research Centre	Ref. Department	Nephrology
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Identity Type	Adhar Card	Identity No	878415404536	Issuing Authority	Government Of India
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Please report to the online registration counter before 10.00 AM with your referral documents with this online registration form. This is valid upto **Thu Jul 20 2023** only

1. I/My patient am/is fully aware that this registration is only for O.P.D consultation and this does not qualify for admission in Emergency Ward.

2. Report to the **Reception Counter** with this form duly filled along with referral documents and investigation report before 12:00 noon.

3. In all those departments where no of registration is limited, it may not be possible that the patient will be seen on that day. However, the patient will be given next possible O.P.D appointment date.

Signature of Patient/Relative