



MGM
NEW BOMBAY HOSPITAL, VASHI



MR KIRAN BHAGWAN TAWARE
HID : MGM240017131 IPD MGM/P2406720
ge: Sex 56 Years r: DOA 05/10/2024
ED : ECU-001 WARD OEP009
R DR PRASHANT ATHALE

REGISTRATION CUM ESCORT DECLARATION FORM

NATURE OF REGISTRATION : OLD : ☐ / NEW : ☒

(Please fill the form in block / Capital letters only)

1. Name of the patient : Mr./Mrs./Ms./Mast. : Kiran Bhagwan Taware

Age : 56 Sex : M Marital Status : Married : ☒ / Single : ☐

Date of Birth : Oct 20/07/1968

2. Address of Patient : SS-THE, Sector-8, Room No-761

Koparkhairane Navi Mumbai 400709

3. Name of the Escort with Address & Telephone No. : _____

Pounnima Kiran Taware 9867697299

Savita Kiran Taware 9987287390

4. E-mail id : pounnimataware@gmail.com

5. Relationship of Escort with the patient : Daughter

6. All refundable amount above Rs. 5,000/- will be paid by cheque only and not by cash as per Hospital Policy

7. I hereby give deposit of Rs. 25000/- Or 500/-

I hereby give undertaking that i will pay a deposit of Rs. _____ within 24 hours.

Name : Pounnima Taware Name of the cashier : _____

Signature : [Signature] Signature of the cashier : _____

Date : 5/10/24