



MGM
NEW BOMBAY HOSPITAL, VASHI



Patient Sticker

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. : _____

Age : _____ Sex : _____ Marital Status : Married : / Single :

Date of Birth : _____

2. Address of Patient : _____

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

4. E-mail id : _____

5. Relationship of Escort with the patient : _____

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. _____ Or

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

Name : _____ Name of the cashier : _____

Signature : _____ Signature of the cashier : _____

Date :