



**MGM**  
NEW BOMBAY HOSPITAL, VASHI



MRS. LALITA RAVINDRA LOKHANDE  
HID : MGM16035596 IPD : MGMIP2406662  
Age/Sex : 68 Years : F DOA : 03/10/2024  
ED : 806 WARD : SAUN  
R : DR K RAJMOHAN

## 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. : LALITA RAVINDRA LOKHANDE

Age : 68 yrs Sex : F Marital Status : Married : ☒ / Single : ☐

Date of Birth : 12/7/1956

2. Address of Patient : F- 102, Jay Balaji CHS, Sector-6  
Nerul, Navi Mumbai

3. Name of the Escort with Address & Telephone No. : \_\_\_\_\_  
Dr. Makrand Lokhande  
9833084083.

4. E-mail id : \_\_\_\_\_

5. Relationship of Escort with the patient : Son.

6. All refundable amount above Rs. 5,000/- will be paid by cheque only and not by cash as per Hospital Policy NO. Deposit as per 1100/-

7. I hereby give deposit of Rs. ~~10,000/-~~ 1100/- Thru Or \_\_\_\_\_

I hereby give undertaking that i will pay a deposit of Rs. \_\_\_\_\_

within 24 hours.

Name : Dr. Makrand Lokhande Name of the cashier : Unkar  
Signature : [Signature] Signature of the cashier : [Signature]  
Date : 3/10/24.