



MGM
NEW BOMBAY HOSPITAL, VASHI



MRS. LALITA RAVINDRA LOKHANDE
HID : MGM16035596 IPD : MGMIP2406662
ge/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
Vashi, Navi Mumbai

3. Name of the Escort with Address & Telephone No. :
Dr. Makarand 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 110/-

7. I hereby give deposit of Rs. 1000/- Shashi. Or —

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

Name : Dr. Makarand Lokhande Name of the cashier : Unkar
Signature : Makarand Lokhande Signature of the cashier : Unkar
Date : 31/10/24