



**MGM**  
NEW BOMBAY HOSPITAL, VASHI



Organization Accredited by  
Joint Commission International  
JCI ACCREDITED

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 : \_\_\_\_\_