



MGM
NEW BOMBAY HOSPITAL, VASHI



Organization Accredited by
Joint Commission International
JCI ACCREDITED

Patient Sticker

PARTICULARS OF DEPOSIT

Name: _____ Age: _____ Sex: _____ I.P. Number: _____

Dr. Name: _____ Ward: _____ Bed: _____ UHID: _____

Date	Receipt No.	Amount		Sign. of Clerk
		Rs.	Ps.	

REMARKS / ADMIN NOTE :