



## **ORDI Patients Registration form**

<b>Name of the Patient</b>	<b>BISWAJIT MALLICK</b>
<b>Sex</b>	<b>Male</b>
<b>Age</b>	<b>DOB: 22/03/2006</b>
<b>Kid is good at/Hobbies</b>	<b>-NIL-</b>
<b>Name of the Father</b>	<b>AKSHAY MALLICK</b>
<b>Name of the Mother</b>	<b>MAYA MALLICK</b>
<b>Occupation of Father</b>	<b>MASSION</b>
<b>Siblings other than Patient.</b>	<b>Male : 2      Female : 1      Total: 3      Expired:</b>
<b>Name of Disease</b>	<b>MUCOPOLYSACCHARIDOSIS DISEASE TYPE-II (MPS-II)</b>
<b>Name of the Hospital</b>	<b>INSTITUTE OF CHILD HEALTH (ICH)</b>
<b>Name of the Doctor</b>	<b>DR. SANA ISLAM</b>
<b>Contact Details of the Doctor/Hospital</b>	<b>8100614274</b>
<b>Email ID of the doctor</b>	
<b>Member Contact Details</b>	<b>Phone No /Mobile 1: 9874487942 PhoneNo/Mobile 2: 7003229345 STD Code if landline</b>
<b>Member E mail ID</b>	<b>Email ID 1:rvforg@yahoo.com Email ID 2:</b>
<b>Correspondence Address Full</b>	<b>Landmark: 58, BUS STAND City : HOWRAH Taluka :676, SARAT CHATTERJEE LANE D,istrict : HOWRAH PIN code :711102</b>

<b>Permanent Address if it is different from above</b>	<b>Landmark: 58, BUS STAND</b>
<b>Referred by and Contact Details</b>	<b>City : HOWRAH</b>
<b>Remarks</b>	<b>Taluka : 676, SARAT CHATTERJEE LANE</b>
	<b>District : HOWRAH PIN code :711102(W.B)</b>

I confirm the above details are true to the best of my knowledge. I agree to all the rules and regulations of the society and society decision is final.

**Date:**

**Signature of the member**

**Note: Please attach any important photo /Information which you would like to share voluntarily.**

**For Office**

**Date of Membership Confirmation :**

**Amount Paid in Rs. :**

**Mode of Payment :**

**Receipt no and Date :**

**Membership No :**

**Member State :**

**Member ID :**

Accounts

Treasurer

Please attach a Photo(Other)

**(Note: You can strike out for the pints not willing to provide consent)**

